

Flintshire County Council



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

OF

FLINTSHIRE

DURING THE YEAR

1953.

FLINTSHIRE COUNTY COUNCIL.

COUNTY HEALTH OFFICES,
LLWYNEGRIN,
MOLD.

October, 1954.

To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

This Report on the health of the County of Flint for 1953 covers the period when the late Dr. A. E. Roberts was County Medical Officer of Health. Since I commenced as County Medical Officer of Health in June, 1954, I have heard from all with whom I came into contact of the excellent work done in the public health field by the late Dr. A. E. Roberts.

Dr. A. E. Roberts was absent from duty owing to illness from May to July, and returned to the Department for a brief period before his death. It was typical of him that up to the end he maintained his interest in the work of the Department, and in the welfare of his staff.

Dr. A. E. Rowlands, Deputy Medical Officer, was absent from duty owing to illness from February, 1953, and resigned her appointment on grounds of ill-health in December, 1953.

Dr. E. D. M. Jones Thomas resigned her appointment as Assistant Medical Officer on 30th September, 1953, and Dr. Betsy E. Davies was appointed to fill the vacancy and commenced duty on the 1st October, 1953.

The following changes also occurred in the Health Visiting Staff:

Miss A. Molloy resigned her appointment on 28th February, 1953, and Mrs. M. M. Nield retired on 30th September, 1953. Miss A. Capper commenced duty on 1st March, 1953, Miss G. Jenkins on 9th March, 1953, and Miss J. B. Edwards on 19th October, 1953. Three temporary part-time Dental Officers commenced duty in April, 1953.

I am not in a position to comment on changes in the Public Health Services during the year or to evaluate services which have been established.

A great deal of extra work was undertaken by Dr. Edna Pearse, the Senior Medical Officer, during the greater part of 1953. She was, during the latter part of the year, in charge of the whole Department, and due to her industry and interest the level of the Services to the public was not impaired.

I would like to thank my Chief Clerk, W. Ithel Roberts, for his valuable assistance in the preparation of this Report. I also wish to thank the Chief Officers of other Departments for their ready help at all times. To the Medical, Nursing and Clerical Staff of the Health Department, I am grateful for their loyal co-operation in the work of the Department.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. WYN ROBERTS,

County Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

County Medical Officer :

Aneurin Evan Roberts, M.B., B.S. (London), D.P.H. (Liverpool). Died 1/1/54.
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Deputy County Medical Officer (also Senior Medical Officer in charge Maternity and Child Welfare) :

A. E. Gwladys Rowlands, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Lond.).
Resigned 28/12/53.

Senior Medical Officer (in charge School Health Services) :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

Elizabeth D. M. Jones Thomas, M.B., Ch.B. (Resigned 30/9/53).
Walter Ellis Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc.
Betsy E. Davies, M.B., Ch.B. (since 1/10/53).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.
R. Rhydwen, M.B., B.S., D.P.H.
D. J. Fraser, M.B., Ch.B., D.P.H.

Dental Officers (full-time) :

Leslie Hanson, L.D.S.

Dental Officers, Temporary, Part-time (Sessional), from 23/4/53 :

W. B. Glyn Jones, L.D.S.
Nathaniel A. James, L.D.S., R.C.S.
John Stuart Selwyn, L.D.S.

County Sanitary Inspector (also Food and Drugs Inspector) :

Elwyn Lewis, M.R.S.I., M.S.I.A.

County Nursing Officer :

Mrs. Frances M. Williams, S.R.N., S.C.M., H.V.Cert., R.San.Inst.Cert.

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

Health Visitors (acting jointly as Health Visitors and School Nurses): All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate (with one exception*) or other qualification :—

Miss A. Capper (since 1/3/53), Miss J. B. Edwards (since 19/10/53), Mrs. M. E. Hawkins, Miss M. J. Hughes, Miss G. Jenkins (since 9/3/53), Miss J. M. Jewell, Miss Ellen Jones, Miss G. Jones, Miss P. M. Matthews, Miss A. Molloy (resigned 28/2/53), Mrs. M. M. Nield (resigned 30/9/53), Miss L. Oliver, Mrs. M. E. Pearse, Miss O. M. Pierce, Mrs. E. G. E. Rees, Mrs. J. Thomas, Mrs. D. Thompson, *Mrs. A. E. Williams, S.R.N., S.R.F.N.

Tuberculosis Visitors :

Miss M. E. Owen, S.R.N.

Miss M. M. D. Evans, S.R.N., S.C.M., T.A.Cert.

Chief Clerk :

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

Domiciliary Midwives and Domiciliary General Nurses :

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council :—

District Midwives	...	...	...	...	6
District Nurse Midwives	...	...	...	...	26
District Nurses	...	...	...	...	10
					<hr/>
Total					42
					<hr/>

Domestic Helpers (employed at the end of the year) :

Whole-time	...	...	...	...	3
Part-time	...	...	...	...	100
					<hr/>
Total					103
					<hr/>

Welfare Officers (also "duly authorised officers" for purposes of the Lunacy and Mental Treatment Acts) :

A. For the purpose of :—

- (1) The Lunacy Act, 1890 (certification of mental patients).
- (2) The Mental Treatment Act, 1930 (admission of temporary patients).
- (3) The Mental Deficiency Acts, 1913-1927 (welfare of mental defectives).
- (4) The National Assistance Act, 1948 (welfare of handicapped persons).

the County is divided into two parts—(a) East, and (b) West.

(a) **The Eastern half of the County comprises :—**

Hawarden Rural District.
 Maelor Rural District.
 Connah's Quay Urban District.
 Buckley Urban District.
 Flint Municipal Borough.
 Mold Urban District.
 Eastern part of the Holywell Rural District (Parishes of Nerquis,
 Mold Rural, Cilcain, Halkyn, Northop).

Duly Authorised Officer—Mr. E. Arrowsmith.

Office—Wrexham Street, Mold. Telephone No. Mold 111.

(b) **The Western half of the County comprises :—**

Rhyl Urban District.
 Prestatyn Urban District.
 St. Asaph Rural District.
 Holywell Urban District.
 Western part of Holywell Rural District (Parishes of Gwaenysgor,
 Newmarket, Llanasa, Whitford, Caerwys, Nannerch, Ysceifiog,
 Brynford).

Duly Authorised Officer—Mr. Ernest Williams.

Asst. Duly Authorised Officer—Mr. J. Hawkins.

Office—Old Emmanuel School, Vale Road, Rhyl.

Telephone No.—(Office) Rhyl 799 ; (Home) Rhyl 1333.

B. For the purposes of Section 27 of the National Health Service Act (Ambulance and Sitting Case Car Service), the County is divided into three areas :—

- (1) **Rhyl area** comprising the Rhyl Urban District, Prestatyn Urban District and St. Asaph Rural District.

Office—Old Emmanuel School, Vale Road, Rhyl.

Telephone No.—(Office) Rhyl 799 ; (Home) Rhyl 1333.

- (2) **Holywell area** comprising Flint Municipal Borough, Holywell Urban District, and the North Western part of the Holywell Rural District.

Office—Premises adjoining Lluesty Hospital, Holywell.

Telephone No.—Holywell 172.

- (3) **Mold area** comprising Buckley Urban District, Connah's Quay Urban District, Hawarden Rural District, and Maelor Rural District.

Office—Wrexham Street, Mold.

Telephone No.—Mold 111.

B.—ASSOCIATED OFFICERS.**Clerk of the County Council :**

W. Hugh Jones.

Secretary of the Education Committee :

B. Haydn Williams, B.Sc., Ph.D.

County Surveyor :

P. J. Maddicks, B.Sc., A.M.I.C.E.

County Architect :

W. Griffiths, L.R.I.B.A.

County Treasurer :

R. J. Jones.

Ophthalmic Consultants (Certification of Blind Persons) :

E. F. Wilson, Esq., Chester.

A. C. Shuttleworth, Esq., Chester and Colwyn Bay.

Administrative Assistant (Welfare Service) :

T. Wesley Hughes.

Children's Officer :

Mrs. L. Davies, B.A.

Health Officers of the Several Sanitary Districts.
(As on 31st December, 1953).

District.	Medical Officer.	Sanitary Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. A. G. Watkin, U.D.C. Offices, Buckley.
Connah's Quay Urban	Dr. Allan Cathcart	Mr. W. A. Barker, U.D.C. Offices, Connah's Quay.
Flint Municipal Borough	Dr. D. J. Fraser	Mr. D. I. Kennedy, Town Hall, Flint.
Holywell Urban	Dr. D. J. Fraser	Mr. J. Farrell, U.D.C. Offices, Holywell, until 31/10/53. Mr. A. Wynne, U.D.C. Offices, Holywell, from 1/12/53.
Mold Urban	Dr. D. J. Fraser	Mr. H. G. Barnes, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. I. W. Jones, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. Ranyl Rhydwen	Mr. E. L. Ll. Jones, U.D.C. Offices, Rhyl.
Hawarden Rural (Dist. No. 1)	Dr. Allan Cathcart	Mr. M. Emlyn Thomas, R.D.C. Offices, Hawarden.
Hawarden Rural (Dist. No. 2)	Dr. Allan Cathcart	Mr. Watkin Williams, R.D.C. Offices, Hawarden.
Holywell Rural	Dr. D. J. Fraser	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
Maelor Rural	Dr. Allan Cathcart	Mr. R. L. Higgins, Willow Street, Overton.
St. Asaph Rural	Dr. Ranyl Rhydwen	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph.

Section A.

STATISTICS AND SOCIAL CONDITIONS OF
THE COUNTY.

1. AREA.

The area of the County is 255.7 square miles, or 163,707 statutory acres, that of its separate geographical divisions being respectively : Main Division, 133,308 ; the Maelor Hundred, 29,749 ; the Civil Parish of Marford and Hoseley, 650 acres.

2. POPULATION.

Prior to 1950, the Registrar-General when submitting his mid-year estimate of population, gave separate figures for (a) civilians, and (b) non-civilians (members of the armed forces stationed in the area). Since 1950, these figures have been combined under the title of "home population."

Table 1 (a) shows the areas and populations of the various County Districts prior to the adjustment of boundaries in April, 1934, and Table 1 (b) the areas and populations after 1934.

Table 1 (a).
AREA, POPULATION, ETC.

District.	Area in Statutory. Acres.		Population (By Census).				
			1901	1911	1921	1931	
Urban—							
Buckley	2034	5780	6333	6726	6899
Connah's Quay	4214	3396	4596	5060	5980
Flint (Mun. Boro.)	3435	4625	5472	6298	7655
Holywell	917	2652	2549	3073	3424
Mold	854	4263	4873	4659	5137
Prestatyn	1640	1261	2036	4415	4512
Rhyl	1700	8473	9005	13968	13485
Rural—							
Hawarden	31588	15821	20571	24036	26575
Holywell	64519	23999	25328	25933	26709
Maelor	29749	5057	5176	5102	4761
St. Asaph	23057	6158	6766	7347	7752
Total Urban	14794	30450	34864	44199	47092
Total Rural	148913	51035	57841	62418	65797
Whole County	163707	81485	92705	106617	112889

Table 1 (b).

District.	Area in Statutory Acres.	Population (estimated mid-year).						Censu 1951.
		1939	1944	1949	1951	1952	1953	
Urban—								
Buckley ...	2646	7345	6895	7622	7703	7704	7672	769
Con. Quay ...	4214	6505	6420	7455	7316	7351	7328	736
Flint M.B. ...	6243	13020	11750	14160	14230	14250	14210	1425
Holywell ...	2532	6918	7286	7870	8162	8159	8150	819
Mold ...	1164	5880	5700	6354	6509	6553	6560	643
Prestatyn ...	3219	7422	8089	8659	8720	8553	8670	880
Rhyl ...	1700	16510	18370	18710	18700	18800	18900	1874
Rural								
Hawarden ...	31576	28750	29760	32450*	34900	35030	34730	3465
Holywell ...	58515	20730	20920	21920	22340	22380	22250	2232
Maelor ...	29749	4356	4599	6720	6480	6230	6200	676
St. Asaph ...	22149	7494	7471	8380*	10640	10690	10430	985
Total Urban ...	21718	63600	64510	70830	71340	71370	71490	7150
Total Rural ...	141989	61330	62750	69470*	74360	74330	73610	7360
Total County ...	163707	124930	127260	140300*	145700	145700	145100	14510

* For the year 1949, the following figures representing non-civilian population should be added to those for the County Districts mentioned below :—

Hawarden Rural District	...	...	...	1950
St. Asaph Rural District	...	...	...	1990
Total Rural	...	...	...	3940
Whole County	...	...	...	3940

3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1953-54, was £3,450.

4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

5. BIRTHS.

During the year under review, 2,346 births were registered as pertaining to the County, that total being made up as follows :—

			Live Births.		Still Births.		Total.
Legitimate	...	...	2169	...	53	...	2222
Illegitimate	...	...	120	...	4	...	124
			<hr/>		<hr/>		<hr/>
Total	...		2289		57		2346
			<hr/>		<hr/>		<hr/>

Compared with the previous year, 1952, these figures show a decrease of 14 live births, and a decrease of 8 still births, the total births thus showing a decrease of 22.

Of the 2,289 live births, 1,196 were males and 1,093 females.

Of the 57 still births, 29 were males and 28 females.

Further reference will be made to these figures when considering the Neo-natal and Infant Death Rates.

The live birth rate per 1,000 population in 1953 was 15.77, which is higher than the rate for England and Wales, namely, 15.5, but is lower than that for 1952 (15.81).

The still birth rate per 1,000 population was 0.39, which is higher than the rate for England and Wales as a whole, namely 0.35, but lower than that for 1952 (0.45).

Illegitimate Births—The proportion of illegitimate births, which had risen very considerably during the war years, has since decreased, but fluctuates from year to year. In 1947, the proportion per 1,000 total births was 69.3, in 1948 it had fallen to 53.3, in 1949 it had again risen slightly to 57.3, but in 1950 it had again fallen to 43.87, and in 1951 to 39.36. It rose again in 1952 to 51.52 and again in 1953 to 52.85.

Births in the various County Districts—Table 2 (a) shows the births Live and Still, Legitimate and Illegitimate; whilst Table 2 (b) shows the birth rates in the County Districts.

Table 2 (a).

BIRTHS, 1953.

District.	LIVE.			STILL.			TOTAL.		
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.
Urban—									
Buckley	115	5	120	2	—	2	117	5	122
Connah's Quay	120	10	130	6	1	7	126	11	137
Flint	248	15	263	6	1	7	254	16	270
Holywell	150	9	159	4	—	4	154	9	163
Mold	117	4	121	1	—	1	118	4	122
Prestatyn	101	7	108	3	—	3	104	7	111
Rhyl	256	16	272	6	—	6	262	16	278
Rural—									
Hawarden	554	28	582	10	1	11	564	29	593
Holywell	306	18	324	11	—	11	317	18	335
Maelor	91	2	93	1	—	1	92	2	94
St. Asaph	111	6	117	3	1	4	114	7	121
URBAN	1107	66	1173	28	2	30	1135	68	1203
RURAL	1062	54	1116	25	2	27	1087	56	1143
WHOLE COUNTY	2169	120	2289	53	4	57	2222	124	2346

Table 2 (b).

BIRTHS AND BIRTH RATES, 1953.
(LIVE BIRTHS, STILL BIRTHS AND TOTAL BIRTHS).

District.	Number of Births.		Crude rate per 1,000 Population.		* Adjusted rate per 1,000 Population.		Stillbirth rate per 1,000 Total Births.
	Live.	Still.	Live.	Still.	Live.	Still.	
Urban—							
Buckley	120	2	15.64	.26	15.48	.26	16.39
Connah's Quay	130	7	17.74	.95	16.85	.90	51.09
Flint	263	7	18.51	.49	18.14	.48	25.92
Holywell	159	4	19.51	.49	19.31	.48	24.54
Mold	121	1	18.44	.15	18.81	.15	8.19
Prestatyn	108	3	12.46	.34	14.58	.40	27.02
Rhyl	272	6	14.39	.32	14.39	.32	21.58
Rural—							
Hawarden	582	11	16.76	.31	16.76	.31	18.55
Holywell	324	11	14.56	.49	16.16	.54	32.83
Maelor	93	1	15.00	.16	14.70	.15	10.64
St. Asaph	117	4	11.22	.38	14.58	.49	33.06
Total Urban	1173	30	16.41	.42	16.57	.42	24.93
Total Rural	1116	27	15.16	.36	16.07	.38	23.62
Whole County	2289	57	15.77	.39	16.24	.40	24.29

* Adjusted by the comparability factor for comparison with other areas.

Premature Births—All babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as "premature" irrespective of the period of gestation. Out of a total of 196 premature births in 1953, 144 were born in hospitals or Maternity Homes within the National Health Service. Statistics as to the survival of these infants are forwarded to the Ministry of Health by the hospital or home at which the birth occurs. Of the remainder, 39 live births and 7 still births occurred at home, while 6 live births and no still births occurred at private maternity homes.

The following table shows (a) that of the 39 live births at home, 15 were transferred to hospital, 1 died in the first 24 hours, while 14 survived 28 days; (b) of the 6 born alive at private nursing homes, all survived 28 days.

Table 3.

PREMATURITY.

All items in the following table refer to notified births after correction for transfers, so it is unnecessary for me to comment on the premature births as the information is fairly presented in the table.

PREMATURE BIRTHS (i.e., live births and still births of 5½ lbs. or less at birth).

1. Number of premature live births notified (as adjusted by transferred notifications) :—

(a) In hospital	...	...	...	129
(b) At home	...	...	...	39
(c) In private nursing homes	...	...	...	6
(see note 1)				—
Total	...	...	...	174

2. Number of premature still births notified (as adjusted by transferred notifications) :—

(a) In hospital	...	...	...	15
(b) At home	...	...	...	7
(c) In private nursing home	...	...	...	—
(see note 1)				—
Total	...	...	...	22

Weight at birth. (1)	PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS		
	Born in Hospital. 2			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home & transferred to hospital on or before 28th day			Born in hospital	Born in home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 day	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
3 lb. 4 oz. or less (1,500 gms. or less)	18	5	7	..	..	..	3	..	3	..	..	..	..	..	..	6	4	..
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	24	3	20	2	..	2	7	1	6	..	..	..	..	..	..	4	1	..
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	36	2	33	3	..	3	1	..	1	1	..	1	..	..	..	2	..	..
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	51	2	48	19	..	19	4	..	4	5	..	5	..	..	..	3	2	..
TOTAL	129	12	108	24	..	24	15	1	14	6	..	6	..	..	..	15	7	..

NOTES :

1. "Private nursing home" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.
2. The group under this heading includes cases which may be born in one hospital and transferred to another hospital.
3. Births in an ambulance or in the street are listed under the place to which the case is immediately transferred.

6. DEATHS.

During the year under review, a total of 1,646 deaths were ascribed to the County, representing a death-rate per 1,000 population of 11.34, which is below the rate for England and Wales as a whole, namely 11.4.

The various causes of death are set out in Table 4, and it will be seen that Diseases of the Heart and Circulation (Nos. 17, 18, 19, 20, 21) are responsible for 51.27 % of the total deaths. This is an increase on the previous year when the percentage was 49.71 %. Deaths from Diseases of the Heart and Circulation occur chiefly among the more aged members of the community, and analysis of the Registrar General's returns shows that, of the total of 844 deaths from this cause, 266, or 31.52 %, were of persons aged between 65 and 75 years, and 406 or 48.1 % of persons who were aged 75 years or more.

Malignant disease and associated conditions (Nos. 10, 11, 12, 13, 14, 15) were responsible for 17.25 % of the total deaths as compared with 19.28 % in the previous year. Influenza accounted for 9 deaths, a decrease over the previous year (12). It will be remembered that in the early part of 1951 there was an epidemic of Influenza throughout the country, but, fortunately, the County was not severely affected. Deaths from Respiratory Tuberculosis show a decrease to 32 as compared with 45 in 1952.

Table 4.

DEATHS (GENERAL) 1953.

SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
1. Tuberculosis—respiratory	19	13	32	1.94
2. Tuberculosis—other	—	2	2	.12
3. Syphilitic Disease	5	1	6	.36
4. Diphtheria	—	—	—	—
5. Whooping Cough	1	—	1	.06
6. Meningococcal infections	1	—	1	.06
7. Acute Poliomyelitis	1	—	1	.06
8. Measles	—	—	—	—
9. Other infective and parasitic diseases	3	1	4	.24
10. Malignant Neoplasm—stomach	32	19	51	3.10
11. Malignant Neoplasm—lung, bronchus	40	5	45	2.73
12. Malignant Neoplasm—breast	1	24	25	1.52
13. Malignant Neoplasm—uterus	—	11	11	.67
14. Other malignant and lymphatic neoplasms	80	62	142	8.63
15. Leukaemia, aleukaemia	9	1	10	.61
16. Diabetes	3	6	9	.55
17. Vascular lesions of the nervous system	109	145	254	15.43
18. Coronary disease, angina	159	74	233	14.15
19. Hypertension with heart disease	24	32	56	3.40
20. Other heart disease	98	140	238	14.46
21. Other circulatory disease	36	27	63	3.83
22. Influenza	7	2	9	.54
23. Pneumonia	24	24	48	2.92
24. Bronchitis	49	11	60	3.64
25. Other diseases of respiratory system	8	6	14	.85
26. Ulcer of stomach and duodenum	9	2	11	.67
27. Gastritis, enteritis and diarrhoea	4	4	8	.49
28. Nephritis and nephrosis	11	3	14	.85
29. Hyperplasia of prostate	29	—	29	1.76
30. Pregnancy, childbirth, abortion	—	5	5	.30
31. Congenital Malformations	13	5	18	1.09
32. Other defined and ill-defined diseases	80	93	173	10.51

Table 4—continued.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
33. Motor vehicle accidents	11	3	14	.85
34. All other accidents	25	21	46	2.79
35. Suicide	7	5	12	.73
36. Homicide and operations of war	1	—	1	.06
All causes	899	747	1646	

DEATHS FROM RESPIRATORY TUBERCULOSIS—Table 4 (a) shows the deaths from Respiratory Tuberculosis in the various County Districts.

Table 4 (a).

DEATHS FROM RESPIRATORY TUBERCULOSIS.

County District.	Males.	Females.	Total.
Urban—			
Buckley U.D.	—	—	—
Connah's Quay U.D.	1	—	1
Flint M.B.	—	—	—
Holywell U.D.	—	3	3
Mold U.D.	—	—	—
Prestatyn U.D.	—	2	2
Rhyl U.D.	1	1	2
Rural—			
Hawarden R.D.	2	2	4
Holywell R.D.	4	2	6
Maelor R.D.	11	2	13
St. Asaph R.D.	—	1	1
Total Urban	2	6	8
Total Rural	17	7	24
Total Whole County	19	13	32

DEATHS FROM RESPIRATORY TUBERCULOSIS.

Attention must once again be directed to the number of deaths from Respiratory Tuberculosis in the Maelor Rural District. It represents 40.62 % of the total deaths from this disease in the County, and so far as can be ascertained from notifications received in this Department, all the 13 deaths in the Maelor Rural District (11 males and 2 females) occurred in the Polish Hospitals located in the area, and were of patients who had been brought direct to those hospitals from abroad and who consequently had no domicile other than in the County of Flint. The result of this is that the County has a mortality rate for respiratory tuberculosis which is considerably higher than that of many other Welsh Counties.

DEATHS FROM MALIGNANT DISEASES.

Table 5 (a) shows the deaths from malignant diseases, and the corresponding mortality rates in the various County Districts.

Table 5 (b) is a comparative table showing the ages of deaths from Tuberculosis, Malignant Diseases, and Diseases of the Heart and Circulation.

Table 5 (a).

DEATHS FROM MALIGNANT DISEASES IN THE VARIOUS
COUNTY DISTRICTS..

District and Population.	Sex.	Stomach.	Lung, Bronchus.	Breast.	Uterus.	Other.	Leukaemia.	Total.	Rate per 1,000 Population.	
Buckley U.D. 7672	M	1	1	—	—	5	—	7	10	1.30
	F	1	—	—	—	2	—	3		
Con. Quay U.D. 7328	M	—	2	—	—	3	—	5	10	1.36
	F	2	—	—	—	3	—	5		
Flint M.B. 14210	M	7	10	—	—	16	2	35	47	3.31
	F	1	1	1	1	7	1	12		
Holywell U.D. 8150	M	—	2	—	—	1	—	3	10	1.23
	F	1	—	2	2	2	—	7		
Mold U.D. 6560	M	2	2	—	—	3	—	7	13	1.98
	F	1	—	1	—	4	—	6		
Prestatyn U.D. 8670	M	3	6	—	—	6	1	16	23	2.65
	F	1	—	1	1	4	—	7		
Rhyl U.D. 18900	M	9	5	—	—	11	1	26	45	2.38
	F	4	1	4	3	7	—	19		
Hawarden R.D. 34730	M	1	5	—	—	13	1	20	45	1.29
	F	5	1	7	2	10	—	25		
Holywell R.D. 22250	M	5	3	1	—	11	1	21	42	1.89
	F	1	1	4	—	15	—	21		
Maelor R.D. 6200	M	1	1	—	—	6	2	10	15	2.42
	F	—	—	1	1	3	—	5		
St. Asaph R.D. 10430	M	3	3	—	—	5	1	12	24	2.30
	F	2	1	3	1	5	—	12		
Total Urban 71490	M	22	28	—	—	45	4	99	158	2.21
	F	11	2	9	7	29	1	59		
Total Rural 73610	M	10	12	1	—	35	5	63	126	1.71
	F	8	3	15	4	33	—	63		
Total County 145100	M	32	40	1	—	80	9	162	284	1.96
	F	19	5	24	11	62	1	122		

Table 5 (b).

AGES OF DEATHS

from Tuberculosis, Malignant Disease and Heart and Circulatory Diseases.

Disease.	Sex.	AGE-GROUPS.									Total.	
		0—	1—	5—	15—	25—	45—	65—	75—			
Tuberculosis :—												
Respiratory	M	...	—	—	—	—	6	11	1	1	...	19
„	F	...	—	—	—	—	6	4	2	1	...	13
Other	M	...	—	—	—	—	—	—	—	—	...	—
„	F	...	—	1	—	—	—	—	—	1	...	2
TOTAL			—	1	—	—	12	15	3	3		34
Malignant Diseases :—												
Stomach	M	...	—	—	—	—	2	9	13	8	...	32
„	F	...	—	—	—	—	1	5	5	8	...	19
Lung Bronchus	M	...	—	—	—	—	—	24	11	5	...	40
„	F	...	—	—	—	—	—	2	1	2	...	5
Breast	M	...	—	—	—	—	—	1	—	—	...	1
„	F	...	—	—	—	—	4	10	6	4	...	24
Uterus	M	...	—	—	—	—	—	—	—	—	...	—
„	F	...	—	—	—	—	2	7	2	—	...	11
Other	M	...	—	2	—	1	3	27	17	30	...	80
„	F	...	—	—	—	—	4	25	15	18	...	62
Leukaemia	M	...	—	1	—	1	1	4	1	1	...	9
„	F	...	—	—	—	—	1	—	—	—	...	1
TOTAL			—	3	—	2	18	114	71	76		284
Heart and Circulation :—												
Vascular lesions	} M	...	—	—	—	—	2	22	41	44	...	109
of nervous system		F	...	—	—	—	—	14	67	64	...	145
Coronary disease,	} M	...	—	—	—	—	5	60	55	39	...	159
angina		F	...	—	—	—	—	10	26	38	...	74
Hypertension	} M	...	—	—	—	—	1	6	8	9	...	24
with heart disease		F	...	—	—	—	—	1	2	14	15	...	32
Other heart	} M	...	—	—	—	2	3	13	25	55	...	98
„		F	...	—	—	—	—	4	15	19	102	...	140
Other	} M	...	—	—	—	—	—	7	7	22	...	36
circulatory		F	...	—	—	—	—	2	3	4	18	...	27
TOTAL			—	—	—	2	18	152	266	406		844

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1953, deaths attributable to Infectious Disease were as follows :—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	1
Meningococcal Infections	...	...	...	...	1
Acute Poliomyelitis	...	...	...	...	1
Measles	...	...	...	...	—
Other Infective and Parasitic Diseases	...	...	...	...	4
Influenza	...	...	...	...	9
Pneumonia	...	...	...	...	48
Bronchitis	...	...	...	...	60
Gastritis, Enteritis and Diarrhoea	...	...	...	...	8

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 75 infants died before attaining the age of twelve months, and of these 45 were males and 30 females, while 71 were legitimate and 4 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 32.76, which is higher than the rate for England and Wales, namely 26.8.

Infant deaths in the various County Districts are shown in Table 6 (a), and the Infant Mortality Rates for each district in Table 6 (b).

Included in the above total of 75 are 48 deaths of infants who failed to survive the first four weeks of life, and the figures for the various County Districts are shown in Table 6 (c).

Table 6 (a).

INFANT DEATHS, 1953.

(Under 1 year of age).

District	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and Illegit.	
Urban—								
Buckley	2	—	2	—	1	1	3	
Connah's Quay	2	—	2	1	—	1	3	
Flint (M.B.)	4	—	4	3	—	3	7	
Holywell	2	—	2	5	—	5	7	
Mold	5	—	5	1	—	1	6	
Prestatyn	1	—	1	—	—	—	1	
Rhyl	3	1	4	8	1	9	13	
Rural—								
Hawarden	9	—	9	6	—	6	15	
Holywell	10	1	11	2	—	2	13	
Maelor	3	—	3	2	—	2	5	
St. Asaph	2	—	2	—	—	—	2	
Total Urban	19	1	20	18	2	20	40	
Total Rural	24	1	25	10	—	10	35	
Whole County	43	2	45	28	2	30	75	

The causes of death were:—

Whooping Cough	1
Pneumonia	10
Gastritis Enteritis and Diarrhoea	2
Other infective and parasitic diseases	2
Congenital Malformations	13
Other defined and ill-defined diseases	44
Accidents (other than road accidents)	3
Total	75

Table 6 (b).

INFANT MORTALITY, 1953.

Children aged under 12 months.

Rate per 1,000 Total Live Births.

District.	MALES.			FEMALES.			Infants	
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	Legit.	and Illeg.
Urban—								
Buckley	... 16.67	—	16.67	... —	8.33	8.33	... 25.00	
Connah's Quay	15.38	—	15.38	... 7.69	—	7.69	... 23.07	
Flint (M.B.)	... 15.21	—	15.21	... 11.41	—	11.41	... 26.62	
Holywell	... 12.58	—	12.58	... 31.45	—	31.45	... 44.03	
Mold	... 41.32	—	41.32	... 8.26	—	8.26	... 49.58	
Prestatyn	... 9.26	—	9.26	... —	—	—	... 9.26	
Rhyl	... 11.03	3.67	14.70	... 29.41	3.67	33.09	... 47.79	
Rural—								
Hawarden	... 15.46	—	15.46	... 10.31	—	10.31	... 25.77	
Holywell	... 30.86	3.09	33.95	... 6.17	—	6.17	... 40.12	
Maelor	... 32.26	—	32.26	... 21.50	—	21.50	... 53.76	
St. Asaph	... 17.09	—	17.09	... —	—	—	... 17.09	
Total Urban	... 16.20	.85	17.05	... 15.34	1.71	17.05	... 34.10	
Total Rural	... 21.50	.90	22.40	... 8.96	—	8.96	... 31.36	
Whole County	... 18.78	.87	19.65	... 12.23	.87	13.11	... 32.76	

Table 6 (c).

NEO-NATAL DEATHS—1953.

(Under 4 weeks of age).

District.	MALES.			FEMALES.			Infants	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit. and	Illegit.
Urban—								
Buckley	2	—	2	—	1	1	3	
Connah's Quay	1	—	1	1	—	1	2	
Flint M.B.	2	—	2	2	—	2	4	
Holywell	—	—	—	4	—	4	4	
Mold	3	—	3	—	—	—	3	
Prestatyn	1	—	1	—	—	—	1	
Rhyl	2	1	3	7	1	8	11	
Rural—								
Hawarden	8	—	8	1	—	1	9	
Holywell	5	1	6	2	—	2	8	
Maelor	1	—	1	—	—	—	1	
St. Asaph	2	—	2	—	—	—	2	
Total Urban	11	1	12	14	2	16	28	
Total Rural	16	1	17	3	—	3	20	
Whole County	27	2	29	17	2	19	48	

MATERNAL MORTALITY—Five deaths were attributed to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

DEATHS IN THE VARIOUS COUNTY DISTRICTS—Table 7 shows the total number of deaths of males and females in the County Districts, and the crude and adjusted Mortality Rates for those Districts.

Table 7.

DEATHS IN THE SEVERAL DISTRICTS.

(All ages—all causes).

District.	Males.	Females.	Total.	Crude Rate per 1000 Population.	* Rate Adjusted per 1000 Population.
Urban—					
Buckley	... 44	... 34	... 78	... 10.16	... 10.36
Connah's Quay	... 32	... 28	... 60	... 8.19	... 10.15
Flint (M.B.)	... 93	... 63	... 156	... 10.98	... 13.39
Holywell	... 44	... 46	... 90	... 11.04	... 11.04
Mold	... 39	... 27	... 66	... 10.06	... 10.36
Prestatyn	... 69	... 58	... 127	... 14.65	... 9.52
Rhyl	... 126	... 136	... 262	... 13.86	... 11.78
Rural—					
Hawarden	... 172	... 146	... 318	... 9.16	... 10.44
Holywell	... 171	... 125	... 296	... 13.30	... 11.57
Maelor	... 55	... 34	... 89	... 14.35	... 14.21
St. Asaph	... 54	... 50	... 104	... 9.97	... 9.67
Total Urban	... 447	392	839	11.74	11.15
Total Rural	... 452	355	807	10.96	11.07
Whole County	... 899	747	1646	11.34	11.11

* For purposes of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar-General:—

Urban Districts.

	Males.	Females.	Total.
Deaths in age group 45-64	... 124	... 57	... 181
Deaths in age group 65 and over	... 277	... 292	... 569
	401	349	750

Rural Districts.

	Males.	Females.	Total.
Deaths in age group 45-64	... 122	... 67	... 189
Deaths in age group 65 and over	... 269	... 255	... 524
	391	322	713

Section B.

HEALTH SERVICES PROVIDED IN THE COUNTY.

1. ADMINISTRATION.

The County Medical Officer is responsible to the Health Committee for the control, supervision and co-ordination of all services provided under the National Health Service Acts, and is assisted by four full-time medical officers, and by three medical officers who are medical officers of health for grouped County Districts in addition to being Assistant County Medical Officers.

The Health Committee consists of :—

The Chairman and Vice-Chairman of the County Council	
(ex-officio) ...	2
Members of the County Council	40
One member appointed by each County District Council ...	11
Two members appointed by the British Medical Association ...	2
One member appointed by the College of Midwives	1
One member appointed by the Clwyd and Deeside Hospital	
Management Committee ...	1
One member appointed by the Denbighshire and Flintshire	
Executive Council ...	1
Five co-opted members (ladies keenly interested in health	
matters) ...	5
Total ...	63

Area Care and Nursing Sub-Committee—In October, 1952, the Area Care and After-Care Sub-Committees and Area Nursing Sub-Committees were amalgamated in each of the three areas of the County, to form Area Care and Nursing Sub-Committees, the members of the two Sub-Committees being appointed to serve on the newly formed Sub-Committees. Following the Annual Meeting of the County Council in 1953, the Area (Care and Nursing) Sub-Committees were re-constituted as follows :—

(i) Western Care and Nursing Sub-Committee (comprising Rhyl U.D., Prestatyn U.D. and St. Asaph R.D.) :—	
Chairman and Vice-Chairman of the County Council and Chairman of Health Committee (ex-officio)	3
Members of County Council	17
One Member from each of the following District Councils :—	
Rhyl U.D.C., Prestatyn U.D.C., St. Asaph R.D.C.	3
Co-opted Members	6
Total ...	29

- (ii) Eastern Care and Nursing Sub-Committee (comprising Connah's Quay U.D., Buckley U.D., Hawarden R.D., and Maelor R.D.) :—

Chairman and Vice-Chairman of County Council and Chairman of Health Committee (ex-officio)	...	...	...	...	...	3
Members of County Council	...	...	...	...	...	13
One Member from each of the following District Councils :— Connah's Quay U.D.C., Buckley U.D.C., Hawarden R.D.C., and Maelor R.D.C.						
	...	...	...	...	...	4
Co-opted Members	...	...	...	...	...	6
Total						26

- (iii) Central Care and Nursing Sub-Committee (comprising Flint M.B., Holywell U.D., Mold U.D., and Holywell R.D.) :—

Chairman and Vice-Chairman of County Council and Chairman of Health Committee (ex-officio)	...	...	...	...	...	3
Members of County Council	...	...	...	...	...	15
One Member from each of the following District Councils :— Flint M.B.C., Holywell U.D.C., Mold U.D.C., and Holywell R.D.C.						
	...	...	...	...	...	4
Co-opted Members	...	...	...	...	...	7
Total						29

The Area Care and Nursing Sub-Committees consider matters arising under Section 23 (Home Nursing), Section 24 (Health Visiting), Section 25 (Midwifery), Section 28 (Prevention of Illness, Care and After-Care), Section 29 (Home Helps), and Section 51 (Mental Health) relating to their areas. In addition to the above functions, under the National Health Service Act, the Area Care and Nursing Sub-Committees have certain functions under the National Assistance Act, 1948. The Authority's duties and powers under the National Assistance Act were, with the approval of the Minister of Health, delegated to the Health Committee and all matters arising under Section 29 of the National Assistance Act (Welfare of the Blind, Deaf, Dumb, etc.) are considered and reported on by the Sub-Committees. The Group Rehabilitation Officer of the Ministry of Labour and National Service, the Organising Secretary of the Chester and District Blind Welfare Society and the Secretary of the Chester and North Wales Deaf and Dumb Society attend Meetings of the Area Sub-Committees.

Ambulance Sub-Committee considers all matters dealing with the Ambulance and Sitting Case Car Service. It consists of :—

Chairman and Vice-Chairman of County Council and Chairman of Health Committee (ex-officio)	3
Nine Members of the Health Committee	9
Three Members representing County District Councils ...	3
Four Members nominated (one each) by the Deeside Voluntary Ambulance Committee, the Women's Voluntary Service, the St. John's Ambulance Brigade and the British Red Cross Society ...	4
Total ...	19

2. JOINT USE OF STAFF.

No doctors in general practice work for the Authority on a part-time or sessional basis, and none of the medical officers employed by the Authority works part-time in the Hospital and Specialist Services. As previously mentioned, the Authority's Tuberculosis Visitors attend and work at the Chest Clinics, but there is no apportionment of salary between the Local Health Authority and the Regional Hospital Board or Hospital Management Committee. The Psychiatric Social Workers employed by the North Wales Mental Hospital Management Committee undertake the after-care of adult cases of mental illness and in this case there is an apportionment of cost between the Hospital Management Committee and the Health Authority.

With regard to consultants, (a) an Ophthalmic Specialist, employed by the Regional Hospital Board, attends each of four ophthalmic clinics for children of pre-school and of school age once a month ; (b) an Orthopaedic Specialist from the Robert Jones and Agnes Hunt Orthopaedic Hospital attends the Orthopaedic After-care Clinics ; (c) the Child Psychiatrist employed by the Regional Hospital Board conducts the Child Guidance Clinic ; (d) the Chest Physician, in addition to other preventive work, carries out B.C.G. vaccination on behalf of the Local Health Authority. He also carries out x-ray examinations of the chest for entrants to the teaching profession, applicants for employment in the school meals department, recruits to the Police Force, etc.

3. THE VOLUNTARY ORGANISATIONS.

There is excellent co-operation between the Health Department and voluntary organisations such as the St. Asaph Diocesan Moral Welfare Association, the British Red Cross Society, the St. John's Ambulance Brigade, and the Women's Voluntary Services. In addition, although these services come under the National Assistance Act, it must be mentioned that the Chester and District Blind Welfare Society undertake, on behalf of the Authority, all welfare and home-teaching services for the blind, and the

Chester and North Wales Deaf and Dumb Society, similar services for the deaf and the dumb. The St. Asaph Diocesan Moral Welfare Association has been extremely helpful in finding accommodation for the unmarried mother in Mother and Baby Homes. The St. John's Ambulance Brigade and the British Red Cross Society co-operate well in the Ambulance Service by providing ambulance attendants at each ambulance station, while at Rhyl and Prestatyn the St. John's Ambulance Divisions also provide full-time drivers. Relations with the Women's Voluntary Services are excellent, and have enabled many patients entering hospital to be supplied with necessary clothing. While in 1948 the Women's Voluntary Services had a number of cars available as a Hospital Car Service, it is regretted that the number has dwindled very considerably, so that little use is now made of it.

4. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers—Ante-natal and Post-natal Services are available at ten Clinics in the County—at Bagillt, Buckley, Caergwrle, Flint, Holywell, Mold, Prestatyn, Rhyl, Shotton and Saltney. The Clinics at Prestatyn, Flint, Shotton, Saltney and Mold are buildings specially built and well adapted for clinic purposes. At Rhyl, a former school has been converted for clinic purposes, and at Holywell a former war-time nursery. These premises cannot be regarded as quite so ideal for the purpose. While at Bagillt, Buckley and Caergwrle accommodation has had, of necessity, to be found in Chapel schoolrooms which are far from ideal. These Clinics are conducted by the Authority's medical officers at fortnightly intervals. At all there are facilities for full examinations, for blood testing and for the education of the expectant mother in preparation for her confinement. In spite of these facilities, the number of expectant mothers attending these Clinics has decreased very considerably since 5th July, 1948, as will be seen from the following table. During 1953, however, it will be seen that there was some improvement in attendance.

	Year :	1947	1949	1950	1951	1952	1953
Expectant Mothers	...	999	797	641	473	325	369
Attendances	...	3743	2567	1822	1208	939	1193

The increase is due to closer co-operation between the Consultant Obstetrician and the Local Health Authority.

Attendances for post-natal examination have always been a mere fraction of those at ante-natal clinics, and I understand that a similar state of affairs exists between the hospital ante-natal and post-natal clinics. All the midwives employed by the Authority, and those in private practice, are encouraged to attend the Clinics with their patients.

ANTE-NATAL CENTRES.

A—Ante-Natal Cases.

1. Number of Sessions held (i.e., number of times Centre opened during the year) when :—

(a) A Medical Officer was in attendance

(b) A Medical Officer was NOT in attendance

2. Number of women who attended the Centre during the year

3. Number of NEW cases included in (2) above (i.e., women who had NOT previously attended any clinic of the Local Health Authority during the current pregnancy)

4. Total number of attendances made by women, included in (2) above, during the year

B—Post-Natal Cases.

5. Number of Post-Natal cases who attended the Centre during the year

6. Number of new cases, included in (5) above (i.e., women who had not previously attended any Post-Natal Clinic of the Local Health Authority after last confinement)

7. Total number of attendances, made by women in Section 5 above, during the year

	Baginbun	Buckley	Caergrawle	Flint	Holywell	Mold	Protestant	Rhyl	Saltnay	Shotton	TOTALS
(a) A Medical Officer was in attendance	24	23	12	24	22	23	18	24	23	24	217
(b) A Medical Officer was NOT in attendance ... ..	..	..	..	..	..	..	1	..	..	..	1
Number of women who attended the Centre during the year	14	62	8	44	39	65	10	27	42	58	369
Number of NEW cases included in (2) above (i.e., women who had NOT previously attended any clinic of the Local Health Authority during the current pregnancy)	13	53	6	38	38	55	10	19	38	57	327
Total number of attendances made by women, included in (2) above, during the year	40	275	16	135	100	204	31	94	153	145	1193
Number of Post-Natal cases who attended the Centre during the year	2	1	..	1	..	1	1	3	..	..	9
Number of new cases, included in (5) above (i.e., women who had not previously attended any Post-Natal Clinic of the Local Health Authority after last confinement)	2	1	..	1	..	..	1	3	..	..	8
Total number of attendances, made by women in Section 5 above, during the year	2	1	..	1	..	3	1	3	..	..	11

There are no "Specialist Clinics" administered by the Authority as such, but cases are referred, when necessary, to the Clinics at St. Asaph, Holywell, and at the Maternity Home at Mancot, which are attended by the Consultant Obstetrician for the Clwyd and Deeside Hospital Management Committee, to the Clinic at the Chester City Hospital and to the "Specialist" Clinic at Wrexham. No requests have been received for assistance at ante-natal clinics conducted in general practitioners' own premises, and the Authority has no knowledge of the existence of any such clinics.

Maternity outfits are provided on request to all expectant mothers having a domiciliary confinement. Stocks are held at all Clinics, and on the premises occupied by the district midwives. The number of such outfits provided in 1953 was 589.

MOTHER AND BABY HOMES (i.e., Homes or hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel	Number of Beds			Number of admissions ignoring re-admissions after confinement during the year	Number of admissions in Col. (6) for which the authority was responsible.	Average length of stay	
	Total beds (excl. mat. and lab. and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots		Ante-natal	†Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(8)	(9)
(a) Provided by the Authority :— Bersham Hall—owned jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered on their behalf by the C.M.O., Denbighshire.	18	..	1	12	7 Flintshire cases	11 weeks	7 weeks
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec. 22 (1) or to which the Authority make payment under Sec. 22 (5).	..	..	..	..	..	..	..

(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis :—

(1) Expectant Mothers	...	...	...	9
(2) Post-Natal Cases	...	...	...	—

+ Exclusive of the living-in period.

Child Welfare—There are twenty Child Welfare Centres in the area of the Authority, and of these, ten are held in the premises already mentioned as ante-natal centres, but at different times. The other ten are held in village halls, church halls, chapel schoolrooms, etc., which, although serving a most useful purpose, cannot be regarded as satisfactory from many aspects. One such centre at Penley serves the whole of the Maelor Rural District (the detached portion of Flintshire), and as public transport services are not available, a special bus is chartered fortnightly to collect and convey mothers and children to and from the centre. This arrangement has worked most satisfactorily.

In contrast to the Ante-natal Clinics, the National Health Service Act has not resulted in a reduction in the number of children attending these Centres. There has been a reduction in the number of children aged under one year attending the Centres, but this reduction corresponds to the reduced number of live births. There has been an actual increase in the number of children aged 1-5 years attending the Centres, and also in the total attendances, as will be seen from the following table :—

	Year :	1947	1951	1952	1953
Number of Registered Live Births	...	3483	2381	2303	2289
Children who were in attendance at the end of the year and who, at the end of the year, were :—					
(a) Under 1 year of age	...	1912	1481	1378	1411
(b) Between 1-5 years	...	1788	2143	2262	2269
Total attendances	...	26828	28491	28846	29941

The Centres are staffed weekly by the Authority's Health Visitors, and are attended at fortnightly intervals by the Authority's Medical Officers.

The Health Visitors give individual instruction both at the Centres and in the home, and several are now giving group talks to mothers. Arrangements are in hand for showing films and for demonstrations on matters of child care during the coming year. Considerable difficulty has been encountered in persuading mothers to undress their infants for weighing and medical examination, and their reluctance to do so is easily understood when one considers that some Centres have been inadequately heated during the cold weather experienced during the winter months. There is no doubt that insistence on undressing the infants has kept a certain number of mothers away from the Centres, but the difficulty is being gradually overcome.

The following table gives details as to the number of children attending the various Centres :—

CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, 1953.

Description.	Baginbun	Bodelwyddan	Broughton	Buckley	Caerwre	Caerwys	Connah's Quay	Flint	Greenfield	Holywell	Leeswood	Mancoct & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
1. Number of Sessions ...	51	24	49	48	48	20	48	49	50	52	48	51	49	22	22	47	50	48	49	49	874
2. Number of children who first attended during the year and who at their first attendance were under 1 year of age ...	48	30	41	106	85	23	114	108	44	138	37	91	155	32	68	60	199	51	211	32	1673
3. Number of children who attended during the year and were born in:—																					
1953 ...	41	21	41	93	60	9	91	92	53	81	30	73	129	29	47	101	197	51	140	32	1411
1952 ...	39	18	36	72	50	12	87	46	64	57	25	79	122	23	47	78	89	50	81	40	1115
1951-1948 ...	25	34	63	58	76	12	51	23	58	57	18	77	163	20	55	35	94	77	113	45	1154
4. Total number of children who attended during the year	105	73	140	223	186	33	229	161	175	195	73	229	414	72	149	214	380	178	324	117	3680
5. Number of attendances during the year made by children who at date of attendance were:—																					
Under 1 year ...	884	232	758	1646	935	140	1379	1049	1249	892	354	1627	2429	269	369	1686	1983	1068	1938	558	21445
1 year but under 2 years ...	112	87	67	105	475	16	848	37	224	320	175	333	362	28	75	484	202	485	203	28	4666
2 years but under 5 years ...	121	105	462	228	258	7	270	37	149	147	54	294	444	59	188	314	265	111	231	86	3830
6. Total attendances during the year	1117	424	1287	1979	1668	163	2497	1123	1622	1359	583	2954	9235	356	632	2484	2450	1664	2372	672	29941

There are no "Specialist" Child Welfare Centres in the area, which are the direct responsibility of the Authority. Children are referred when necessary to the Paediatric Clinics at the Royal Alexandra Hospital, Rhyl, the City Hospital, Chester, and the Emergency Hospital at Wrexham. As the Clwyd and Deeside Hospital Management Committee administers the majority of the hospitals in the County of Flint, and some Hospitals in the adjoining County of Denbigh, it is unfortunate that, although a specialist paediatric clinic is held at the Royal Alexandra Hospital, no paediatric beds are available in those hospitals comprising the group, and consequently children seen at the specialist clinic, and considered to be needing hospitalisation, have had to be transported to Bangor, a distance of 30 miles or more.

Care of Premature Infants—During the year under review, the number of premature live births at home was 39, and the number of premature live births in private nursing homes was 6, a total of 45.

Of the 39 births at home, 24 were nursed entirely at home, and 15 were transferred to hospital. Of the 24 nursed at home, all survived 28 days. Of the 6 births in private nursing homes, all were nursed there and survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, has always been good, and admission of cases readily obtained. I am informed that the premature baby unit was opened at St. Asaph General Hospital early in the year.

Supply of Dried Milk, etc.—At each of the Welfare Centres, there is a Voluntary Committee of local ladies which arranges for the purchase and sale of certain proprietary dried milk and nutrients, which are prescribed by the medical officer in charge. In many Centres the same ladies also distributed the welfare foods available under the Government Welfare Foods Scheme, while in others these foods were distributed by ladies appointed by the Local Food Office, or by the Health Visitors themselves. The Voluntary Committees also provide cups of tea and biscuits for the mothers at a small charge, and assist in the work of the Centre generally. The time which the members of these Committees have given week after week, and the great assistance they have rendered in the work of the Centres, is deserving of the highest praise.

Dental Care—Unfortunately, the National Health Service Act has had a most detrimental effect upon the Dental Staff of the Authority, and a staff formerly four in number was soon reduced to one. Repeated advertisements have failed to attract a single applicant, and consequently it has been impossible to implement the statutory duty of the Authority with regard to the dental care of expectant and nursing mothers and children under school age. In the circumstances it has only been possible to refer those expectant and nursing mothers who were considered at the Authority's Clinics to be in need of dental treatment to general dental practitioners, and for the Authority to meet the cost of any dental appliances found

necessary. Three dental officers were engaged on a sessional basis since April of this year. Their services have been devoted entirely to school children as there is a great deal of dentistry required by these children. It was possible to offer emergency treatment to children under 5 years during the sessions which provided urgent treatment for children of school age.

5. DOMICILIARY MIDWIFERY.

The Authority employs six (6) District Midwives and twenty-six (26) District Nurse/Midwives. Fourteen (14) Midwives are engaged in private practice, including private maternity homes and twenty-four (24) are employed by Hospital Management Committees in the area. All midwives are supervised by the County Nursing Officer, who acts as non-medical supervisor and who, during the year, paid five hundred and twenty-two (522) visits, of which twenty-two (22) were to hospitals and maternity homes under the control of the Hospital Management Committee, seventy-four (74) to independent midwives, seventy-six (76) to private nursing homes, and three hundred and fifty (350) to midwives employed by the Authority. At two hundred and thirty-two (232) of these visits the midwife was seen actually at work.

Although there has been a decrease in the number of domiciliary confinements since 1948, there is still a considerable amount of work done by the midwives employed by this Authority as the following table shows. The "lying-in" period during which a mother is visited by a midwife is 14 days. It will be noted that 409 mothers confined in hospital were discharged before the 14th day and had to be visited during the remainder of the lying-in period by midwives employed by this Authority. It would be better in my opinion to limit admission to maternity hospitals and homes and retain the mothers for the full lying-in period or longer depending on the mother's medical condition.

Number of Deliveries attended by Midwives in the Area during the year 1953.

Domiciliary Cases.

* In addition to these totals the following cases of miscarriage or abortion were attended :—

(a) Column	(3)	5
(5)	...	42
(6)	...	47

(1)

(a) Midwives employed by the Authority	...	...
(b) Midwives employed by Voluntary Organisations :—		
(i) Under arrangements with the Local Health Authority in pursuance of Sec. 23 of the National Health Service Act, 1946	...	...
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	...	...
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	...	...
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	...	...
Totals	...	...

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day ... 409

(f) Breast Feeding—Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day ... 454

Doctor not booked.		Doctor booked		Totals	Cases in Institutions
Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Doctor or another) (4)	Doctor not present at time of delivery of child (5)		
23	172	243	199	637	(7)
..
..
..	..	..	..	..	1273
..	..	1	..	1	66
23	172	244	199	638	1339

Thirty-one (31) of the Authority's midwives are qualified to administer gas and air analgesia and are equipped with the necessary apparatus. The one midwife who is not qualified will be proceeding on a course of instruction early in 1954. Fifteen midwives employed in Homes and Hospitals in the National Health Service were qualified to administer Gas and Air Analgesia and one midwife employed in a Private Nursing Home was also so qualified.

ADMINISTRATION OF GAS AID AIR ANALGESIA (Domiciliary Midwives).

39

(1)	No. of domiciliary midwives practising in the area at end of year who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board (2)	No. of sets of apparatus for the administration of gas and air in use at end of year (3)	No. of cases in which gas and air was administered by midwives in domiciliary practice during the year:		No. of cases in which pethidine was administered by midwives in domiciliary practice during the year:	
			When doctor was not present at time of delivery of child (4)	When doctor was present at time of delivery of child (5)	When doctor was not present at time of delivery of child (6)	When doctor was present at time of delivery of child (7)
(a) Domiciliary Midwives employed directly by Local Health Authority ...	31	31	258	81	189	115
(b) Domiciliary Midwives employed under Sec. 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—
(c) Domiciliary Midwives employed under Sec. 23 by hospital authorities as agents of Local Health Authority	—	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	—	—	—	—	—	—
Totals	31	31	258	81	189	115

Co-operation between general practitioners and domiciliary midwives is reasonably good, although some midwives do complain that when they are booked as maternity nurses they have difficulty in obtaining information about the patient's condition from the medical practitioner.

With regard to arrangements for selecting women on social grounds for institutional confinement, this work is carried out by the Health Visitor in conjunction with the District Midwife.

Arrangements are made for three midwives to attend each year the refresher courses under the auspices of the College of Midwives. There is an active branch of the College in the area of the Authority which meets monthly, and at these meetings lectures and demonstrations are given by obstetricians in and outside the area.

There are no arrangements for training pupil midwives at present.

Duty as Local Supervising Authority—It is the duty of the Local Health Authority to supervise the work of all midwives who have notified their intention to practise in the area, irrespective of whether they are employed as domiciliary midwives by the Authority or by Hospital Management Committees, or are engaged in private practice.

Table 9 shows the number of midwives who were in practice in the area on 31st December, 1953, while Table 10 shows the number of supervisory visits paid to those midwives during the year by the County Nursing Officer, who also acts as Non-medical Inspector of Midwives.

Table 9.

MIDWIVES IN PRACTICE ON 31st DECEMBER, 1953.

				Domiciliary Midwives.	Midwives in Institutions.	Total.
(a)	Midwives employed by the Authority	32	...	—	...	32
(b)	Midwives employed by Voluntary Organisations :—					
	(i) Under arrangements with the Local Health Authority in pur- suance of Section 23 of the National Health Service Act, 1946	...	...	—	...	—
	(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	...	...	—	...	—
(c)	Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—					
	(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	...	...	—	...	—
	(ii) Otherwise	...	...	—	24	24
(d)	Midwives in Private Practice (including Midwives employed in Nursing Homes)	...	...	13	1	14
	Total	...	45	25	70	

Table 10.

SUPERVISION OF MIDWIVES.

			Number of Inspections.		
			Routine.	Special.	Total.
<hr/>					
National Health Service Hospitals and					
Maternity Homes	...	...	11	...	11
Private Nursing Homes	...	...	60	...	16
County Domiciliary Midwives	...	...	161	...	289
Private Domiciliary Midwives	...	...	29	...	45
			<hr/>	<hr/>	<hr/>
Totals	...	...	261	361	*622
			<hr/>	<hr/>	<hr/>

* The Midwife was inspected while actually at work in 232 cases of these inspections.

Among the reasons for Special Inspections were :—

Maternal death investigations 7, Infant death investigations 7, Stillbirth investigations 4, Puerperal Pyrexia 14, Ophthalmia Neonatorum and Discharging Eyes 6, Supervision of Disinfection 8, Other emergencies 221.

Non-emergencies 94.

145 notifications of various kinds were received from midwives of which 15 were in respect of calling in medical aid.

As a consequence of having been in contact with infection, it was found necessary to suspend the Midwife from practice in two cases.

During the year 9 relief Midwives were employed for emergency duties, including sickness, holidays, etc. Such Midwives were employed for a total of 30 weeks.

6. NOTIFICATION OF BIRTHS.

The number of births notified in the County during the year under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was as follows :—

			Live Births.	Stillbirths.		Totals.
Domiciliary	...	...	628	...	16	644
Institutional	...	...	1596	...	38	1634
					<hr/>	<hr/>
			Grand Total	...	2278	
					<hr/>	<hr/>

It will be noted, by reference to page 11, that this is 65 live births and 3 stillbirths less than the totals of live and stillbirths received in the returns from the Registrar-General. This figure is considerably less than that for the previous year.

7. NURSING HOMES.

All Nursing Homes in the County have to be registered by the Council. This entails inspection and a detailed report before registration is granted. Once registered all Nursing Homes (which term includes Maternity Homes) are inspected several times annually by the County Nursing Superintendent and when necessary by one of the Medical Staff of the Department.

The purpose of registration and inspection is to ensure that the public who enter Nursing Homes for treatment are assured of reasonable standard of comfort and care. The standard of the Nursing Homes in the County is high, and recommendations made during inspections have been implemented at all the Homes.

The position concerning Nursing Homes in the County is given below :

Return of work done by the Authority under Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes.		Number of beds provided for :					
			Maternity.		Others.	Totals.		
Homes first registered during year	...	1	...	—	...	6	...	6
Homes on the register at end of year	...	8	...	5	...	41	...	46

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.

NIL

8. HEALTH VISITING.

The Authority employs sixteen Health Visitors in the combined capacity of Health Visitor/School Nurse, two Tuberculosis Visitors, and one Superintendent Health Visitor who is also responsible for the organisation of the Domestic Help Service. Each Health Visitor/School Nurse attends the Antenatal Clinics, Child Welfare Centres and School Clinics in her area, and at the larger Child Welfare Centres two will be in attendance, so that one can give group talks, and individual advice to the mothers attending. She follows up children of pre-school age in their homes, conducts examinations for cleanliness in the school, follows up children found to be suffering from defects at routine school medical inspections, visits and reports on mental defectives (chiefly those under 16 years of age and adult females), visits on request persons in need of domestic help, and performs many other duties. It must be frankly confessed that their case-load is considerably greater than it should be, and that there is great need to increase the number em-

ployed. The position has been brought to the notice of the Authority in the Annual Reports of the Medical Officer of Health and the School Medical Officer, but although suggestions that the number employed should be increased have been sympathetically received, economic conditions have unfortunately compelled the Authority to defer consideration of the matter.

The Tuberculosis Visitors visit and report upon the home conditions of all notified cases of Tuberculosis. They attend the Chest Clinics, arrange for the examination of contacts, for vaccination with B.C.G., and co-operate whole-heartedly with the Chest Physician and his staff. Each year arrangements are made for four Health Visitors and Tuberculosis Visitors to attend refresher courses arranged by the Royal College of Nursing, the Women's Public Health Officers' Association, and the Central Council for Health Education.

The total number of visits paid in 1953 by Health Visitors to expectant mothers was 1,166, to children under one year of age 15,533, to children aged one and under two years 10,917, to children aged two years and under five years 14,844, other visits 7,492. When to these figures are added 57,588 examinations of school children, and 3,303 visits to homes of school children found to be suffering from defects, their unwieldy "case load" can be more fully appreciated.

The modern Health Visitor should be a social welfare worker in the full sense of the word. In addition to the work she is already doing, she should have time to do much educational work at Child Welfare Centres by giving short talks to small groups of mothers. She should be able to visit the aged and infirm and advise them on their many problems, her services should be available to general medical practitioners in many ways, and she should follow up all patients discharged from hospital.

HEALTH VISITING AND TUBERCULOSIS VISITING.

A. Visiting:

HEALTH VISITORS												TUBER- CULOSIS VISITORS	
	Number of Children under 5 years of age visited dur- ing year	Expectant Mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 5 years		Tuber- culous house- holds		Other cases visited by Health Visitors	Total No. of families or households visited by Health Visitors
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits				
										(3)	(4)			(5)	(6)	(7)	(8)	(9)	(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	Total visits paid to tuberculous households	
(a) L. H. A.	2835	661	1166	2531	15533	10917	14844	216	7276	9246	2877		
(b) Vol. Org.	..	..	..	..	..	..	..	..	..	..	..	..

B. Clinics:

(a) Total number of attendances made by health visitors at local health authority clinic sessions per month	...	110
(b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions per month	...	16

The Tuberculosis Visitors employed by the Authority attend the Chest Clinics, visit all cases of tuberculosis as soon as notified, and report on home conditions. The Chest Physician and his Assistants have greatly appreciated the assistance and the valuable information given to them by these Tuberculosis Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been re-housed and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Tuberculosis Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 2,877 visits to patients in their homes, and of these 143 were first visits to newly notified cases.

9. HOME NURSING.

The Authority employs ten whole-time District Nurses and twenty-six District Nurse/Midwives who are under the supervision of the County Nursing Officer.

There is close co-operation between the general practitioner and the domiciliary nurses, and at times one wonders whether the general practitioners are not making excessive demands upon the nurses, particularly with regard to injections of penicillin, etc.

The following table illustrates how the work of the district nurses has increased since July, 1948:—

		1949	1950	1951	1952	1953
Patients nursed	...	3305	5459	7299	7914	7801
Visits paid	...	68848	96443	108982	104361	111848

HOME NURSING.

[illegible]

Arrangements are made for attendance each year of three nurses at refresher courses. There are no arrangements for district nurse training, and there is no night service.

Supervision of Home Nurses—During the year the County Nursing Superintendent, in addition to her inspections as Inspector of Midwives, made the following visits to Home Nurses:—

Routine Inspections	...	...	...	181
Special Visits	...	...	...	226
Emergency Visits	...	...	...	171
Non-emergency Visits	...	...	...	62
Other Interviews	...	...	...	69
Inspection of Nursing Agency	...	...	...	1
Total				710*

* During these visits Nurses were inspected while actually at work at 472 Medical Cases and 479 Surgical Cases.

STAFF RETURN.

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

NOTES—Where a nurse is engaged in more than one service (e.g., a superintendent nursing officer or a home nurse/midwife) she is shown as part-time in **each** of the services in which she is engaged, and is given the whole-time equivalent of her work in **each** of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties is shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate, are not included anywhere in this return.

1. HEALTH VISITING, TUBERCULOSIS VISITING, CLINIC DUTIES, CARE AND AFTER-CARE.

	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitor†			Other Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
(1)												
(a) Local Health Authority ...	—	‡1	¼	—	16 (1)	8	2 (—)	— (—)	—	—	—	—
(b) Voluntary Organisation ...	—	—	—	—	—	—	—	—	—	—	—	—

* Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualification of Health Visitors and Tuberculosis Visitors) Regulations, 1948, are included and also shown separately in the brackets.

† This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

‡ Superintendent Health Visitor is also Superintendent School Nurse and Domestic Help Organiser.

2. DOMICILIARY MIDWIFERY.

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time* (2)	Part-time* (3)	Equiv. Whole-time of (3) (4)	Whole-time† (5)	Part-time† (6)	Equiv. Whole-time of (6) (7)
(a) Local Health Authority ...	— (—)	1 (1)	½	6 (—)	26 (—)	13
(b) Voluntary Organisations ...	—	—	—	—	—	—
(c) H.M.C. or B.G. ...	—	—	—	—	—	—

* Non-Medical Supervisors of Midwives are included and also shown separately in the brackets.

† Midwives approved as teachers are included and also shown separately in the brackets.

PUPIL MIDWIVES.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery Course taken :—

- (i) Wholly on the district —
- (ii) Partly on the district —

3. HOME NURSING.

	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time	Part-time	Equiv. Whole-time of (3)	Whole-time	Part-time	Equiv. Whole-time of (6)	Whole-time	Part-time	Equiv. Whole-time of (9)	Whole-time	Part-time	Equiv. Whole-time of (12)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(a) L.H.A. ...	—	1	1/2	10	9	4 1/2	—	17	8 1/2	—	—	—
(b) Voluntary Organisations ...	—	—	—	—	—	—	—	—	—	—	—	—

There are no Male Nurses.

4 NURSES ENGAGED ON COMBINED DUTIES.

- (a) Number of nurses engaged in health visiting and school nursing—16
(Excluding Superintendent Health Visitor and School Nurse).
(b) Number of nurses engaged in home nursing and midwifery—26 (Excluding County Nursing Officer).
(c) Number of nurses engaged in health visiting, home nursing and midwifery—NIL.
(d) Others (please specify)—NIL.

5. ADMINISTRATIVE NURSING STAFF (EXCLUDING HEALTH VISITOR TUTORS).

Actual number of nurses who are occupied in administrative or supervisory duties in the services in 1, 2 and 3 :—

(a) Whole-time	...	...	...	1
(b) Part-time	...	...	...	1

6. TOTAL STAFF.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but excluding students and pupils, who are employed :—

(a) Whole-time	...	...	...	45
(b) Part-time	...	...	...	17

7. NURSERY STAFF: DAY NURSERIES.

There are no day nurseries in the County.

8. VACANCIES.

Number of vacancies for nursing staff at the end of the year (i.e., additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(a) Health Visitors	...	...	...	—
(b) Tuberculosis Visitors	...	...	...	—
(c) Domiciliary Midwives	...	...	...	½
(d) Home Nurses	...	...	...	½
(e) Day Nursery Staff				
(specify grades)	...	...	...	—

10. VACCINATION AND IMMUNISATION.

Vaccination—Midwives, District Nurses, Health Visitors and Medical Officers are continually stressing to mothers the importance of vaccination against smallpox, but in spite of this the annual number of primary vaccinations is disappointing, and in marked contrast to the number of children immunised against diphtheria. Since vaccination ceased to be compulsory, the number of primary vaccinations of children under one year of age has fallen considerably. In 1947, the number was 841, but in 1952 the total number of primary vaccinations was 663, and of these only 350 were under one year of age. The following table shows the number of vaccinations and revaccinations carried out during the year 1953 :—

VACCINATION.

NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)
DURING THE YEAR.

		Age at date of Vaccination										Total.
		Under 1.		1	2 to 4.		5 to 14.		15 and over.			
Number Vaccinated	...	451	...	21	...	47	...	68	...	77	...	664
Number Re-vaccinated	...	2	...	—	...	5	...	30	...	137	...	174

No vaccination sessions are held at the Authority's Clinics, all children being referred to general medical practitioners. A more intensive effort is needed to reduce the population at risk.

Immunisation against Diphtheria—Monthly immunisation sessions are held at all the Authority's Clinics and Centres, and immunisation is also performed by general practitioners in their own surgeries.

DIPHTHERIA IMMUNISATION, 1953.

	AGE								Total
	at date of final injection (as regards A), or of reinforcing injection (as regards B)								
	Under 1	1	2	3	4	5 to 9	10 to 14		
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents)	... 574	551	100	55	50	132	21	1483	
B. Number of children who received a Secondary (Reinforcing) Injection (i.e., subsequently to primary immunisation at an early age	... —	—	2	8	147	834	143	1134	

"Boosting" injections are given not only in the Clinics but also in the more remote rural schools.

Of the value of immunisation against diphtheria there can be not the slightest doubt. In the first ten years of this century, the number of cases notified and the death rate were high. In 1911, there were 282 cases with

17 deaths. During the first World War the number of cases and deaths rose alarmingly, but later declined, and in the interval between the first and second World Wars the number of cases fluctuated between approximately 200 to 250. In 1941, however, there was a further sharp rise in the number of cases, and it was about this time that the campaign for immunisation gained impetus. A glance at the table below indicates the success of that campaign, and the extent to which children have been protected against this dread disease :—

DIPHTHERIA IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1953, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1939).

Age at 31/12/53 i.e., Born in Year :	Under 1 1953	1-4 1952-1949	5-9 1948-1944	10-14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster)	... 62	... 5392	... 5627	... 3337	... 14418
A. 1949-1953	...	...	...	...	...
B. 1948 or earlier	... —	... —	... 6062	... 7605	... 13667
C. Estimated mid-year child population	... 2220	... 9170	... 21940	...	... 33330
Immunity Index 100A/C	... 2.79 %	... 58.8 %	... 40.85 %	...	... 43.25 %

Year.	Diphtheria Notification.		Deaths.
1936	...	208	11
1937	...	221	13
1938	...	268	16
1939	...	200	12
1940	...	202	6
1941	...	342	15
1942	...	255	5
1943	...	208	8
1944	...	316	10
1945	...	108	5
1946	...	33	1
1947	...	15	1
1948	...	5	—
1949	...	8	1
1950	...	3	—
1951	...	1	—
1952	...	2	—
1953	...	3	—

Immunisation against Whooping Cough—The Authority has not introduced any scheme for immunisation against whooping cough, parents requesting such immunisation being referred to general practitioners.

B.C.G. Vaccination against Tuberculosis—Up to the present time, B.C.G. Vaccination has only been available to certain groups of people—nurses, medical students, and the contacts of known cases of tuberculosis who are “tuberculin negative.” Vaccination is carried out by the Chest Physician, and during the year under review the number of Flintshire contacts vaccinated was 63. It is hoped that before long it may be possible to extend facilities for B.C.G. vaccination to all children who, on examination, are found to be “tuberculin negative.”

11. AMBULANCE SERVICE.

Ambulances—The main portion of the County is covered by ambulances stationed at Rhyl, Prestatyn, Holywell, Flint, Queensferry and Mold and, by arrangement, the ambulances operated by the Chester City Council and Denbighshire County Council are also available. The detached portion of the County (the Hundred of Maelor) is covered by ambulances operated by the Denbighshire County Council stationed at Wrexham, and those operated by the Salop County Council stationed at Whitchurch.

Sitting-case Cars—This service is operated in the main through a large number of private hire car proprietors scattered throughout the County, and in a very minor degree through the Hospital Car Service of the Women's Voluntary Service. As will be seen from the following statistics, the trend since the inception of this service is for the demands upon it to increase year by year.

	1950.		1951.		1952.		1953.	
	Ambul- ances.	Cars.	Ambul- ances.	Cars.	Ambul- ances.	Cars.	Ambul- ances.	Cars.
Journeys	3986	11962	4429	12504	5148	15244	5374	14779
Patients	4530	15920	5244	17400	6590	33641	6974	34633
Mileage	119948	336626	124726	329550	121171	359992	122652	348907

It will be noted that in 1952 the number of patients conveyed by sitting-case cars was almost double that for 1951. The explanation is that 1952 was the first full year in which the Ministry's definition of “patient,” according to the Costing Return, was in operation. It will also be noted that, although there were 719 more “ambulance” journeys in 1952 than in 1951, the mileage was 3,555 less. This is due to the development of the “Consultant” facilities in the Rhyl hospitals, resulting in a reduced number of patients from the western portion of the County having to travel to hospitals in Chester and Liverpool for consultation and hospitalisation.

It cannot be denied that the Sitting-case Car Service is open to considerable abuse, and every effort is made to reduce the demands made upon it by means of circular letters to hospitals and general practitioners, and by individual investigation of cases by the County Medical Officer and his assistants. One of the biggest bones of contention between the Hospitals and Local Health Authority is the amount of waiting time during which both ambulances and sitting-case cars are immobilised at the hospitals. In some cases this is unavoidable, in others waiting time could be considerably reduced if times of appointment were more rigidly adhered to. Another difficulty is the "abortive" journey due to transport being requested some days ahead of the date of appointment at the hospital. A sitting-case car may be ordered and, on arrival, it is found that the patient can only travel by ambulance, or is too ill to travel at all, or may even be dead, or may have recovered to such an extent that he or she has already made his or her own way to the hospital, or the patient may have undergone a change of mind and refused to go to the particular hospital, or the particular consultant. Again, there is a difference of opinion between the general public (backed to some extent by the Ministry of Health) and the Local Health Authority, as to the interpretation of the words "where necessary" in Section 27 of the National Health Service Act. Some general medical practitioners have reported that patients who, in the Doctor's opinion, are quite capable of travelling by train or bus, have demanded a sitting-case car and, on being refused, have demanded the return of their medical cards so as to transfer to another practitioner. The difficulties of administering this service are legion, and the problem of reducing the demands and the cost is not one easy of solution. The imposition of a charge for sitting-case cars, but not for ambulances, would undoubtedly reduce the demand and consequently the cost, but it is feared that it would create a far greater administrative problem.

12. PREVENTION, CARE AND AFTER-CARE.

(a) **Tuberculosis**—Reference has already been made to the close co-operation that exists between the Chest Physician and his staff, and the officers of the Local Authority, to the attendance of the Authority's Tuberculosis Visitors at the Chest Clinics, to the arrangements made by them for the examination of contacts and for B.C.G. vaccination, and to the reports on home conditions made by them to the Medical Officer of Health and to the Chest Physician. The number of contacts who were vaccinated with B.C.G. was 63.

When the Tuberculosis Visitors report that the home conditions of persons suffering from Tuberculosis are unsuitable, letters are sent to the Housing Authority recommending re-housing, and it is pleasing to report that the Housing Authorities have shown a very ready response, in spite of their long waiting lists of applicants. When cases of non-respiratory tuberculosis among children are reported, the County Sanitary Inspector investigates the milk supply of the household. The Area Care and After-Care Sub-Committees make grants of milk and other foods to cases of tuberculosis in need, and in between meetings the Medical Officer of Health has power

to make grants in all urgent cases. The number of patients suffering from tuberculosis to whom such grants were made in 1953 was 138. Beds, mattresses and blankets are also supplied in necessitous cases from stocks of emergency hospital supplies purchased by the Authority at the termination of hostilities.

Another factor in the prevention of Tuberculosis, especially among school children, is the medical examination including the x-ray examination of the chest of all the newly appointed teachers and of workers in school canteens. During the year the numbers examined by the medical staff of the Authority were :—

Teachers, 2.

Canteen Workers, 25.

(b) **Illness generally**—Grants of milk, etc., similar to those for tuberculosis are also made by the Area Sub-Committees to persons suffering from other forms of illness, and to mental defectives living in their own homes. Twelve such persons were assisted in 1953.

Nursing requisites, such as bed-pans, urine bottles, air cushions, etc., are loaned to patients either from stocks held by the district nurses, or through the depots of the St. John's Ambulance Brigade and the British Red Cross Society. These voluntary organisations have also rendered valuable assistance by loaning wheeled chairs to invalids on payment of a small fee. The Authority has also supplied "Dunlopillo" mattresses to certain patients in need.

Financial responsibility for periods of convalescence in Convalescent Homes has also been accepted by the Authority, the Medical Officer having the power to arrange such convalescence at his discretion, and in no case has the Authority refused to confirm or even to question his action. The Authority accepted financial responsibility for seven such patients in 1953. Recommendations for convalescence are received from the hospitals, and charges are recovered according to the financial circumstances of the patient.

13. DOMESTIC HELP.

The Authority now employs 3 whole-time and 100 part-time domestic helps, and the service has been most efficiently organised by Miss Gray, the Superintendent Health Visitor. During 1953 the total number of persons supplied with domestic help was 392, comprising 44 maternity cases, 21 cases of tuberculosis, and 327 others. The 327 others included 215 chronic sick, and aged and infirm persons who, with the assistance of domestic help, have been able to remain in their own homes instead of being removed to hospital or to residential accommodation provided under the National Assistance Act. Charges are made according to financial circumstances, and the service is so greatly appreciated that even persons with little income beyond their old age pensions actually offer to make a small contribution towards the cost of the service as it enables them to retain their individuality and to feel that they

are not entirely dependent upon charity. There is a demand for a "night service" or "sitters in," but unfortunately this demand cannot be met at the present time. Up to the present, none of the domestic helps has been sent on a course of training.

14. HEALTH EDUCATION.

Posters and Leaflets obtained from the Central Council for Health Education are exhibited and distributed in the various Clinics in the area.

Short talks are given at Centres by medical officers and health visitors, and the County Sanitary Inspector has been particularly active in this respect, lecturing and showing films to Women's Institutes, Young Farmers' Clubs, etc., and to various traders' organisations and canteen staff in connection with the Clean Food Campaign.

15. MENTAL HEALTH.

I. Administration.

All matters relating to mental health are reported, in the first instance, to the appropriate Area Care and Nursing Committee. Any action necessary concerning mental defectives is deferred until the Health Committee has confirmed the Minutes of the Area Committee—but in urgent cases action is taken immediately after the meeting of the Area Committee.

The Medical Officer of Health, his Deputy, and four Assistant Medical Officers are approved by the Local Health Authority for signing certificates under the Mental Deficiency Acts. The Medical Officer of Health and three Assistant Medical Officers are approved by the Minister of Education for the ascertainment of educationally sub-normal children, a fourth attended the course arranged by the National Association for Mental Health in 1952, and it is hoped to send another Medical Officer on a similar course in 1954.

No Psychiatric Social Workers are directly employed by the Authority.

The Authority's Health Visitors supervise mental defectives on licence from Institutions and adult female mental defectives and mentally defective children under 16 years of age living in the community. Three duly authorised officers deal with cases under the Lunacy and Mental Treatment Acts, and supervise male adult mental defectives living in the community or on licence from Institutions. A fourth duly authorised officer attended a course of instruction in March of this year.

Psychiatric Social Workers employed by the North Wales Mental Hospital Management Committee undertake the supervision of patients on trial from Mental Hospitals, and also the supervision of patients discharged from hospital, and there is an apportionment of the cost between the Hospital Management Committee and the Local Health Authority.

II. Account of work undertaken in the Community.

Reference has already been made to the work done by Health Visitors and duly authorised officers with regard to Care and After-care, and whose reports are submitted to the Area Care and Nursing Committees. Adults who are mentally distressed are referred to the Adult Psychiatric Clinics at Rhyl and Wrexham, conducted by the Consultant Psychiatrist attached to the North Wales Hospital for Mental and Nervous Disorders, while children are referred to the Child Psychiatrist who also conducts Child Guidance Clinics at Rhyl and at Wrexham.

During 1953 the duly authorised officers dealt with 66 patients who were certified under the Lunacy Acts and admitted to hospital, and with 3 patients admitted as temporary patients under the Mental Treatment Act. In addition, 201 persons were admitted to mental hospitals as voluntary patients.

The grossly overcrowded state of the North Wales Hospital at Denbigh has necessitated many domiciliary visits from the hospital staff so that an assessment of the urgency of admission may be arrived at. There has been some delay in the admission of cases, but the hospital staff makes every effort to cope with the situation.

(i) Reference has already been made to the supervision of mental defectives in the community. Persons suspected of being mentally deficient are referred to the Authority by Welfare Officers, Health Visitors, School Teachers, Police, etc. They are then visited and reported upon by the Authority's Medical Officers.

During the year one male and three females under 16 years of age, and 3 males and 11 females over 16 years of age were so reported. Of those under 16 years of age, two females were placed under statutory supervision, and one female was admitted to an Institution. One male under 16 years of age was also admitted to an Institution. Of those over 16 years of age, one male and one female were placed under statutory supervision, while two males and two females were admitted to Institutions. Eight females over 16 years of age were placed under voluntary supervision.

The number of mental defectives on the Authority's registers at 1/1/54 considered to be in need of institutional care, was three females under 16 years of age and three males and three females over 16 years of age.

The difficulties with regard to obtaining vacancies for mental defectives in Institutions are too well-known to need further comment.

(ii) **Guardianship**—There is only one defective under guardianship, a male aged under 16 years.

(iii) No occupation centres have been provided up to the present time. The defectives who would benefit from such provision are few in number and so scattered throughout the County that it would be difficult to site occupation centres so as to be within reasonable reach of the homes. Further, the "labour" situation is such that a defective who is capable of performing any work is able to find employment very easily.

The statistics given above are shown in tabular form in Table 12.

Table 12.

A.—LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients	...	66
Temporary Patients	...	3

In addition, 201 persons were admitted to the Mental Hospital as "voluntary patients."

B.—MENTAL DEFICIENCY ACTS, 1913-1938.

	During 1953.			Total cases on Authority's Registers as at 1/1/1954.		
	Under age 16.		Aged 16 and over.	Under age 16.		Aged 16 and over.
	M	F	M F	M	F	M F
1. Particulars of cases reported during 1953 :						
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by :—						
(i) Local Education Authorities on children :						
(1) While at school or liable to attend school	1	1	...	—	—	—
(2) On leaving special schools	—	—	...	—	—	—
(3) On leaving ordinary schools	—	1	...	—	—	—
(ii) Police or by Courts	—	—	...	—	—	—
(iii) Other sources	—	1	...	3	3	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	...	—	—	8
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	...	—	—	—
Total number of cases reported during the year	1	3	3	3	11	—

continued

	During 1953.				Total cases on Authority's Registers as at 1/1/1954.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M	F	M	F	M	F	M	F
—	—	2	...	1	9	10	...	63
—	—	—	...	—	1	—	...	—
—	—	—	...	—	—	—	...	—
1	1	1	...	2	9	6	...	35
—	—	—	...	—	—	—	...	61
—	—	—	...	—	—	—	...	—
—	—	—	...	—	—	—	...	—
1	1	3	3	11	19	16	101	104

2. Disposal of cases :

- (a) Of the cases ascertained to be defectives "subject to be dealt with" number :—
- (i) Placed under Statutory Supervision
 - (ii) Placed under Guardianship*
 - (iii) Taken to "Places of Safety"
 - (iv) Admitted to Institutions
- (b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—
- (i) Placed under "Voluntary Supervision"
 - (ii) Action unnecessary

Total of Item 2

3. Classification of defectives in the Community on 1/1/54 :

- (a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care :—

(1) In urgent need of institutional care :—

- (i) "Cot and chair" cases
- (ii) Ambulant low grade cases
- (iii) Medium grade cases
- (iv) High grade cases

(2) Not in urgent need of institutional care :—

- (i) "Cot and chair" cases
- (ii) Ambulant low grade cases
- (iii) Medium grade cases
- (iv) High grade cases

Total of Item 3 (a)

...

— 3 3 3

continued

Table 12 (B)—continued.

	During 1953.				Total cases on Authority's Registers as at 1/1/1954.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M	F	M	F	M	F	M	F
(i) Occupation centre	2	4	...	11
(ii) Industrial centre	—	—	...	5
(iii) Home training	—	—	...	1
Total of Item 3 (b)	2	4	17	9
(c) Of the cases included in item 3 (b), number receiving training on 1/1/54 :—								
(i) In occupation centre	—	—	...	—
(ii) In industrial centre	—	—	...	—
(iii) At home	—	—	...	—
Total of Item 3 (c)	—	—	—	—

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

	Males.		Females.		Total.
(a) Ceased to be under care	...	1	...	1	2
(b) Died, removed from area, or lost sight of	...	6	...	4	10
Total	...	7	...	5	12

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care :
 (a) Number who have given birth to children while unmarried during 1953 ... 1.
 (b) Number who have married during 1953 ... 2 Females.

* Number of defectives under Guardianship on 1st January, 1954, who were dealt with under the provisions of Sections 8 or 9 ... NIL.

Section C.

1. INFECTIOUS AND OTHER COMMUNICABLE DISEASES.

Prior to the appointed day under the National Health Service Act, 1946, the control of the spread of infectious disease was a duty devolving chiefly upon the County District Councils, whose Medical Officers of Health forwarded weekly to the County Medical Officer a numerical report of the cases notified in each district. The National Health Service Act also conferred powers upon the County Council in this respect and it became the duty of the Medical Officer of Health of the County District Council to forward to the County Medical Officer, within 12 hours, a copy of each notification of notifiable disease received by him. The period of 12 hours was amended by the National Health Service (Amendment) Act, 1949, to read "if possible within 12 hours, but in any case within 48 hours."

Where copies of notifications are forwarded and fees for the notification have been paid by the County District Councils, such Councils can claim reimbursement of the fees from the County Council as the Local Health Authority. By this means, greater co-ordination was achieved in the preventive work and their is greater scope for the study of the epidemiology of diseases.

During the year there was an epidemic of measles in the County. 1,007 cases were notified. The number of cases of Food Poisoning (561) is also high. Food Poisoning can be prevented by clean methods of handling food—in shops, cafes, homes and elsewhere. The reduction in the incidence of cases can only be achieved by education of food handlers in correct methods; this is being done as far as the time of the existing staff permits.

There was no large-scale outbreak of infectious disease in the County, and the number of notifications received from the Medical Officers of Health of County District Councils during the year were as follows:—

Smallpox	...	...	...	—
Cerebro-Spinal Fever	...	...	...	—
Diphtheria	...	...	...	3
Dysentery	...	...	...	6
Enteric Fever (Typhoid)	...	...	...	—
Erysipelas	...	...	...	13
Food Poisoning	...	...	...	561
Measles	...	...	...	1007
Meningococcal Infections	...	...	...	6
Ophthalmia Neonatorum	...	...	...	—
Paratyphoid	...	...	...	—
Acute-encephalitis—Infective	...	...	...	—
„ Post-infectious	...	...	...	1

Acute Poliomyelitis—Paralytic	...	...	8
" Non-paralytic	...	...	3
Pneumonia	...	...	108
Puerperal Pyrexia	...	...	7
Scarlet Fever	...	...	152
Whooping Cough	...	...	318
Malaria	...	...	1
Total			2194

It will be noted that notifications of measles form 45.90 %, and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia forms 72.24 % of the total notifications.

Whooping Cough—During the year 318 cases of Whooping Cough were notified, and of these, one died—child aged under one year.

While few deaths can be attributed to the disease, it unfortunately is apt to have distressing sequelae, which lead to chronic ill-health in later life.

The efficacy of immunisation against Whooping Cough has been in doubt for some time, and such immunisation has not, up to the present, received the whole-hearted support of the Ministry of Health. Consequently, while material for Diphtheria immunisation is supplied free of charge by the Ministry, material for Whooping Cough immunisation has to be supplied by the Authority, and expenditure would be subject to grant. Recent research in the matter has, however, shown that immunisation does provide a considerable degree of protection against the disease and consideration should be given to the possibility of providing in the Authority's Clinics facilities for the combined immunisation against Diphtheria and Whooping Cough.

Measles—No death occurred among the 1,007 cases notified.

Diphtheria—No case of Diphtheria was notified in 1953.

Tuberculosis—Reference has been made earlier in this Report to the number of deaths in the County, particularly in the Maelor Rural District. Statistics showing the number of notifications are as follows :—

TUBERCULOSIS—NOTIFICATION.

FORMAL NOTIFICATIONS.														Total (all ages)
Number of Primary Notifications of New Cases of Tuberculosis.														
AGE PERIODS:	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Respiratory, Males	2	2	3	8	2	2	10	17	14	15	19	4	..	98
Respiratory, Females	..	..	4	2	7	4	8	22	10	5	4	2	..	68
Non-Respiratory, Males	..	..	..	1	1	2	..	2	1	1	..	..	..	8
Non-Respiratory, Females	..	1	2	2	..	3	1	1	4	..	..	..	..	14

No case of tuberculosis came to the knowledge of the County Medical Officer otherwise than by formal notification.

The following Table shows the total deaths from Tuberculosis, distinguishing between males and females, and respiratory and non-respiratory tuberculosis :—

Table 13.
DEATHS FROM TUBERCULOSIS, 1953.

			Males.		Females.		Total.
Respiratory Tuberculosis	...	...	19	...	13	...	32
Non-Respiratory Tuberculosis	...	...	—	...	2	...	2
			—		—		—
All Forms	...		19		15		34
			—		—		—

The crude mortality rate from tuberculosis (all forms) in the County of Flint had declined very considerably from the beginning of the present century up to 1946, followed by an upward trend in the years 1947, 1948, and 1949, and this is shown in the following table. In 1950, however, there was a very considerable fall in the mortality rate to 0.40 per 1000 population, the rate for 1951 was 0.45 per 1000 population, the rate for 1952 was 0.35. The rate for 1953, however, is 0.23.

Year.			Population.		Mortality Rate per 1000 Population.
Census Years :—					
1911	...	...	92705	...	1.45
1921	...	...	106617	...	0.97
1931	...	...	112889	...	0.84
5 Year Period :—					
1935	...	...	116000	...	0.68
1936	...	...	117770	...	0.55
1937	...	...	119540	...	0.58
1938	...	...	121020	...	0.65
1939	...	...	121900	...	0.46
5 Year Period :—					
1945	...	...	125670	...	0.56
1946	...	...	131870	...	0.45
1947	...	...	134480	...	0.62
1948	...	...	138308	...	0.61
1949	...	...	140300	...	0.73
1950	...	...	145080	...	0.40
1951	...	...	145700	...	0.45
1952	...	...	145700	...	0.35
1953	...	...	145100	...	0.23

The figures for the 5 year period (1940-1944) are not included as they are not considered comparable in view of the large influx of evacuees into the County during that period.

The question that naturally arises, and one that is difficult to answer, is as to whether the incidence of Tuberculosis is also declining. There is only a very small difference between the number of notifications received (expressed as rates per 1000 population) in the pre-war years 1935-1939, and the post-war years 1945-53.

Pre-War Years.			Post-War Years.		
1935	...	1.03	1945	...	1.38
1936	...	1.13	1946	...	1.57
1937	...	1.40	1947	...	1.21
1938	...	1.15	1948	...	1.36
1939	..	1.28	1949	...	1.13
			1950	...	1.14
			1951	...	.93
			1952	...	1.04
			1953	...	1.29

On account of the acute shortage of nursing staff in Tuberculosis hospitals, many of the beds provided could not be utilised, and consequently the waiting list for admission became considerably greater. Fortunately, the position has improved. The waiting list has been considerably reduced, and much of the credit for this is due to the amount of "**domiciliary treatment**" which the Chest Physician has been able to carry out, with the aid of modern drugs, where the home conditions are suitable. The results have been in many cases remarkable, and it would appear that many patients are, after a comparatively short period of treatment, considered to be fit to resume some sort of employment. Unfortunately, this form of employment must, in most cases, be of the "**light**" type, a type which is **most difficult to find** (the Ministry of Labour Officials will fully endorse this). There is therefore a gap between discharge from hospital or completion of domiciliary treatment and return to full employment. The North Wales County Councils have, for some years now, been endeavouring to bridge this gap by establishing a Village Settlement on the lines of Papworth or the British Legion Village at Preston Hall, Maidstone, Kent. Little progress has, for various reasons, been made up to the present, but the possibilities are still being actively explored.

TUBERCULOSIS—CARE AND AFTER-CARE.
CONTACTS.

	During 1951.						During 1952.						During 1953.					
	Males			Females			Males			Females			Males			Females		
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total
(1) Number of cases notified to Tuberculosis Visitors:—																		
Respiratory	4	58	62	5	48	53	10	46	56	7	46	53	15	92	107	16	60	76
Non-Respiratory	8	4	12	4	4	8	8	4	12	8	3	11	6	7	13	9	13	22
Total	12	62	74	9	52	61	18	50	66	15	49	64	21	99	120	25	73	98
(2) Number of persons in contact (at home) with above cases:—																		
Respiratory	62	97	159	74	117	191	70	113	183	43	109	152	93	156	249	87	184	271
Non-Respiratory	6	19	25	15	24	39	18	26	44	13	24	37	16	21	37	11	22	33
Total	68	116	184	89	141	230	88	139	227	56	133	189	109	177	286	98	206	304
(3) Of the "contacts" shown in (2) above: number known to have been examined by Tuberculosis Physician:—																		
Respiratory	50	35	85	56	63	119	48	45	93	36	63	99	65	79	144	71	101	172
Non-Respiratory	2	7	9	4	9	13	7	5	12	10	8	18	10	15	25	8	15	23
Total	52	42	94	60	72	132	55	50	105	46	71	117	75	94	169	79	116	195

Venereal Disease—The number of cases treated at the Centres at Chester, Liverpool, St. Asaph and Wrexham during the year was :—

Syphilis	...	...	19
Gonorrhoea	...	...	15
Other conditions	...	...	90

Section D.

NATIONAL ASSISTANCE ACT, 1948.

Section 21 of the Act imposed upon the County Council the statutory duty to provide residential accommodation for persons who, by reason of age, infirmity or any other condition, were in need of care and attention which was not otherwise available to them.

In pursuance of this duty, the Authority retained beds at the former Poor Law Institutions at St. Asaph and Holywell, and by the end of 1952 had provided additional accommodation at Park House, Prestatyn, The Lawn, Russell Road, Rhyl, Carr Holm, Prestatyn, and Hafan Glyd, Shotton.

Park House, Prestatyn, and The Lawn, Rhyl, had been opened prior to 1952. Carr Holm, Prestatyn, was opened on 31st July, 1952, and Hafan Glyd, Shotton, on the 13th December, 1952. Hafan Glyd is the only home which provides accommodation for both sexes, and which was specially built for the purpose.

In addition to the above premises owned by the Authority, 12 beds are reserved at the Men's Convalescent Home, Bedford Street, Rhyl, and 18 beds for females at Plas Coed, Rhyl. Both of these Homes are administered by Voluntary Committees.

The Authority has also accepted financial responsibility for the maintenance of 17 persons in Homes outside the County.

The total accommodation provided is as follows :—

St. Asaph	...	...	53 (M. 26 ; F. 27)
Holywell	...	...	36 (M. 18 ; F. 18)
Park House, Prestatyn	...	...	20 (F.)
The Lawn, Rhyl	...	...	30 (M.)
Carr Holm, Prestatyn	...	...	24 (F.)
Hafan Glyd, Shotton	...	...	36 (M. and F.)
Men's Convalescent Home, Rhyl	...	...	12 (M.)

211 + 18 (F.) at Plas Coed and
 — at Homes outside the
 County.

Section 29 of the Act gave the County Council permissive powers to establish "Welfare Services" for the blind, the deaf, the dumb, and those substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister.

In view of the impossibility of drawing any line of demarcation between the Authority's powers under this Section of the National Assistance Act and its powers with regard to "care and after-care" under the National Health Service Act, it was decided, with the approval of the Minister of Health, to delegate the Council's powers under the National Assistance Act to the Health Committee established under the National Health Service Act.

The Minister of Health, however, **directed** that the Welfare of the Blind should be a statutory duty of the Authority.

Welfare of the Blind is undertaken on behalf of the Authority by the Chester and District Blind Welfare Society. The total number of blind persons on the register on 31st December, 1953, was:—

Blind 302. Partially sighted 63.

2 children were in Residential Schools for the Blind.

9 blind persons from Flintshire were employed in the Society's Workshops at Chester, and 4 were employed as Home Workers.

6 blind persons are employed in open industry, and

4 are self-employed.

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

	Cause of Disability.							
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.				
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:—								
(a) No treatment	...	6	...	9	...	5	...	17
(b) Treat (medical, surgical or optical)	...	7	...	5	...	—	...	5
*(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	...	6	...	4	...	—	...	5

B. OPHTHALMIA NEONATORUM.

- (i) Total number of cases notified during the year **NIL**
- (ii) Number of cases in which:—
- (a) Vision lost **NIL**
- (b) Vision impaired **NIL**
- (c) Treatment continuing at end of year **NIL**

* 1 3A5 case—Operation inadvisable on account of age.

1 3A4 case—Patient refused operational treatment recommended.

Welfare of the Deaf and of the Dumb is undertaken on behalf of the Authority by the Chester and North Wales Deaf and Dumb Society.

Total Number of Deaf—56.

	Males.	Females.	Total.
Adults	19	24	43
Children under 19 years ...	7	6	13
	<hr/> 26	<hr/> 30	<hr/> 56

Number of visits paid (excluding visits to Mental Hospitals and Part III Accommodation) since 30th September, 1953, to 30th September, 1954—484.

All the Deaf in Flintshire are visited regularly and a quarterly report given to the Health Care and Nursing Committee of the various areas included in the Flintshire County Council.

The work of the Society in Flintshire entails Spiritual Care, Disablement Registration, Industrial Placement, Lip Reading, Recreation Facilities, Visitation in Homes, Hospitals, and Part III Accommodation. Contact is also made with the National Assistance Board on behalf of the Deaf who are in need and a number of Exceptional Needs Grants have been awarded.

Example cases :

J.D.—Unhappy and dissatisfied in his shoe repairing. Society approached Messrs. Courtaulds, who agreed to employ him. His health is now greatly improved.

R.R.—Unemployed for long period after leaving school. Society persevered in approaching employers, and with co-operation of the Ministry of Labour, she is now working as a dressmaker at Richard Jones of Chester.

F.P.—One of Flintshire's grand old men. Visited by our Welfare Officer. Pension was inadequate. Society approached National Assistance Board. Pension supplemented, and he is now very content.

M.E.—A dear old lady of over 80 years. Always delighted to receive our visits. Parcel of suitable clothing was taken to her by our Welfare Officer.

H.V.—Pathetic cases. Husband deaf, dumb and blind. Wife deaf and dumb and crippled with Arthritis. Both unable to enjoy out-door activities. Both grateful for our visits.

W.H.—Young deaf and dumb man, employed as joiner, was married to a deaf girl from Chester in March, 1954. Very happy and possess their own home.

G.O.—Sister recently gone to Canada for twelve months and requested Society to give attention to this patient during her absence.

These few cases are an example of the work carried out in the County of Flintshire. Each year Christmas Parties are held in Rhyl and Chester for the deaf of this area. In August a full day's outing is arranged for deaf children home on holiday from Residential Schools. Visits are paid to schools as well as to the homes, and every attention is given to those about to start on their careers after leaving school.

During this year we were asked to ascertain the number of epileptics and otherwise handicapped persons in the County.

A start has been made on the compilation of a register of such cases and, to date, the findings are as follows:—

HANDICAPPED PERSONS.

Classification.	MALES.				FEMALES.				Total
	Under	Over		Total	Under	Over		Total	
	5 years	5-16 years	16 years		5 years	5-16 years	16 years		
Spastic Cases	1	8	—	9	—	9	1	10	19
Epileptic Cases	1	10	12	23	—	8	13	21	44
Total Cases	2	18	12	32	—	17	14	31	63

Section E.

FOOD AND DRUGS ACT, 1938, ETC.

The statutory duties of the Authority under the above Act, and other legislation such as the Fertiliser and Feeding Stuffs Acts, the Pharmacy and Poisons Act, etc., have been most ably performed by Mr. Elwyn Lewis, M.R.S.I., M.S.I.A., the County Sanitary Inspector, and I have pleasure in appending his Report. Perusal of the Report gives some indication of Mr. Lewis's keen interest in public health propaganda to which he devotes much of his spare time. His services are always available for lecture purposes to the canteen and kitchen staffs of industrial firms, hospitals, and voluntary organisations.

"REPORT OF THE COUNTY SANITARY INSPECTOR. FOOD AND DRUGS ACT, 1938, ETC.

638 samples were submitted to the Public Analyst for chemical analysis during the year ended 1953. The following is a brief summary of the samples taken:—

Article.	Number Taken.		Genuine.		Not Genuine.	
Milk	...	355	...	239	...	116
Dairy Products	...	25	...	25	...	—
Sausages	...	52	...	51	...	1
Ice Cream and Lollies	...	27	...	25	...	2
Spices and Condiments	...	12	...	12	...	—
Miscellaneous Groceries	...	50	...	46	...	4
Cereals	...	18	...	18	...	—
Confectionery	...	22	...	19	...	3
Alcoholic Drinks	...	27	...	26	...	1
Patent Medicines	...	19	...	16	...	3
Cooking Fats	...	13	...	10	...	3
Beverages	...	5	...	5	...	—
Fish and Meat Products	...	13	...	13	...	—
		638		505		133

Milk—The production of poor quality milk is still a problem. It is known that the breed of the dairy herd affects the quality of the milk, but it should be emphasised that lack of proper feeding affects the quality of the milk even more. It is legal for a producer to sell poor quality milk provided he sells it as it comes from the cow. Reference was made to this in the 1951 Annual Report which referred to the Working Party on Quality Milk Production which had recently been set up by the Ministry to report on the problem. It was hoped that the Working Party would have recommended among other things a fixed minimum standard for the chemical composition of milk, namely, a 3 % fat content and 8.5 % milk solids. The housewife would thus have some safeguard. Unfortunately, the Working Party in its report does not offer any immediate help to the consumer. It states "both producers and distributors would resent a departure from the traditional view that milk, as it comes from the cow, is genuine and we consider that the interests of the consumer can be safeguarded by less drastic means." It is interesting to note that the consumer and the Health Departments were not represented on this Party whilst the farming and allied interests were.

355 samples were taken for chemical analysis from roundsmen, dairies, farms, and restaurants. The milk was tested for colouring matter, added water, fat deficiency, solids not fat, dirt and preservatives. In the following table the samples are compared with those taken in the past four years:—

Year.	Nature of Irregularity.										
	No. taken.		Adulterated or below standard.			Low in fat content.		Low in S.N.F. content.		Added water.	Preservative.
1949	...	297	...	62	...	33	...	23	...	6	—
1950	...	268	...	55	...	23	...	22	...	10	—
1951	...	351	...	128	...	33	...	54	...	41	—
1952	...	343	...	133	...	32	...	79	...	22	—
1953	...	355	...	116	...	31	...	56	...	24	5

24 samples were found to contain added water and successful legal proceedings were instituted in eight cases.

In one instance where two samples of milk taken from a consignment to a dairy were found to contain 11 % and 5 % added water, the defendant, an ex-prisoner of war, fled the County and no proceedings were instituted.

The amounts of added water in the other 12 cases were small and a warning letter was sent in each case. No legal action was taken in respect of any of the samples found to be low in fats or solids.

5 milk samples were found to contain traces of preservatives in the form of hypochlorites. Hypochlorite solutions are used for sterilising milking equipment and it is possible that they found their way into the milk as the result of neglect in properly draining the milking machines. Warning letters were sent to each of the producers concerned.

Pasteurised Milk—There are four pasteurising plants in the County—two large plants on the “H.T.S.T.” method, and two small plants on the “Holder” method. They are inspected weekly, attention being paid to the structural conditions of the buildings, efficiency of the pasteurising operations, and the cleanliness of the operators. Weekly samples of pasteurised milk are taken and submitted to the Public Health Laboratory for bacteriological examination. Washed milk bottles are also taken from the bottle washers and submitted for bacteriological examination.

School Milk—All milk supplied under the children’s School Milk Scheme is pasteurised. Samples are taken each week for bacteriological and chemical examination. All samples taken were satisfactory.

Biological Milk Sampling—28 samples were taken from milk producers and tested for the presence of the tubercle bacillus. One sample was found to be positive and the infected animal was slaughtered under the Tuberculosis Order.

The following information has been given by J. W. Simpson, Esq., B.Sc., M.R.C.V.S., the Divisional Veterinary Officer for the Ministry of Agriculture and Fisheries.

The number of Tuberculin Tested Herds, etc., for the year ended 1953 :—

		Attested.		Non-Attested.		Total.
T.T. or Certified Herds	...	347	...	23	...	370
Accredited Herds	...	26	...	440	...	466
Non-Designated Herds						
including non-dairy Herds	...	116	...	786	...	902
		—		—		—
		489		1249		1738
		—		—		—
Total Cattle population for the County	...		...		62220	
Number of Cows dealt with by the						
Tuberculosis Order	...				23	

Other Foods—283 samples were taken and 17 were found to be adulterated or not up to standard. The deficiencies were of a minor character and no legal proceedings were instituted. Warning letters were sent to the vendors or manufacturers.

The following is a summary of the samples found to be below standard :—

No.	Article.	Deficiency or Adulteration.	Administrative Action.
125	Fruit Quenchers.	Low in sugar. Also contained Talc.	Warning letter.
32	Cough Mixture.	Contents did not comply with formula on label.	ditto.
502	Butter Scotch.	Deficient in butter fat.	ditto.
568	ditto.	ditto	ditto.
521	Skin Lotion.	Deficient in Calamine.	ditto.
377	ditto.	ditto	ditto.
379	Dripping.	Small excess of free fatty acid.	ditto.
571	ditto.	ditto	ditto.
578	ditto.	ditto	ditto.
572	Pork Sausages.	Small deficiency in meat content.	Attention of Butcher drawn to matter.
573	Rice.	Contained traces of dirt—packet broken at some time.	Attention of Grocer drawn to matter.
618	Skimmed Milk.	Decomposition.	Stock withdrawn.
628	Condensed Milk.	ditto	ditto.
624	Potato Flour.	Contained Moth Chrysalis.	ditto.
287	Ice Cream.	Slight deficiency in fat.	Warning letter.
285	ditto.	Slight deficiency in sugar and fat.	ditto.
76	Cherry Brandy.	Contained 13 parts extra water. (This was an informal sample, and the subsequent formal sample has proved to be genuine).	

SUMMARY OF LEGAL PROCEEDINGS.

Article.	Deficiency or Adulteration.	Result.	Total Costs and Fines.
			£ s. d.
Milk	... 4 % added water	... Convicted	... 11 6 0
"	... 3 % " "	... "	... 11 6 0
"	... 8 % " "	... "	... 10 5 0
"	... 10 % " "	... "	... 9 4 0
"	... 7 % " "	... "	... 9 4 0
"	... 10 % " "	... "	... 10 5 0
"	... 7 % " "	... "	... 7 4 0
"	... 5 % " "	... "	... 7 4 0
Total			£75 18 0

Public Health Propaganda—Lectures and film shows were again given to various organisations such as W.V.S., Home Helps, Health Visitors, Midwives, School Kitchen Staffs and Mothers' Unions. The subjects discussed included Clean Food, Immunisation, Vaccination, the Health Services, etc.

SHOPS ACT.

The provisions dealing with the health and comfort of shop workers are found in the Shops Act, 1934. They include heating, ventilation, sanitation, lighting, washing facilities, facilities for taking meals, and seating accommodation for female workers.

The District Council Health Departments are responsible for the supervision of heating facilities, efficiency of the ventilation, and sanitary accommodation. The County Health Department is responsible for the supervision of the adequacy of the lighting, washing facilities, facilities for taking meals and seating accommodation for female workers.

All premises inspected during the year complied with the requirements of the Act.

Fertilisers and Feeding Stuffs Act—23 samples were taken during the year and all were satisfactory.

Pharmacy and Poisons Act—The duties devolving upon the County Council under the Act are :—

- (a) The names of all shopkeepers, other than registered pharmacists, who sell Part II poisons, are to be entered on the Council's lists.
- (b) To see that any deputy appointed under Rule 14 is a responsible person.
- (c) To see that the substances which contain Part II poison which appear in the first schedule of the Poisons Rule are being sold by the listed seller or by a responsible deputy.
- (d) That a Poisons Book is kept in the prescribed form and manner and that all entries therein are in order.
- (e) That the storage arrangements for certain poisons are adequate.
- (f) That the requirements as to labels and type of containers are complied with.

There are 247 listed sellers of poisons in the County and these are subject to periodic inspection.

E. LEWIS,

County Sanitary Inspector."

Section F

SANITARY CIRCUMSTANCES.

The supervision of closet accommodation, provision for refuse collection and disposal, cesspool cleaning, the sanitary inspection of their respective areas, the inspection and supervision of shops, offices and camping sites, the abatement of nuisances, including any arising from smoke, the supervision of swimming baths and pools, disinfection and disinfection—all these are included in the duties which devolve primarily upon Local Sanitary Authorities and upon which the respective District Medical Officers of Health are required to report annually and, when necessary, specifically.

Samples of water are forwarded for bacteriological analysis to the Public Health Laboratory at Conway and at Birkenhead by all the county district councils at frequent intervals. Generally speaking, the samples from piped supplies have been satisfactory, although the many samples of water from wells in the County leave much to be desired.

There is nothing of special interest to report with regard to river pollution.

All Schools in the County are inspected for sanitary defects at each routine medical inspection, and all defects found are reported to the Local Education Authority.

Section G.

HOUSING.

All the County District Councils have made such progress with their housing schemes as has been possible having regard to the shortages of materials, man-power, etc. All have given special consideration to the re-housing of families which have, for various reasons, been reported to them by the County Health Department as being in need of re-housing, and more particularly to those families in which there are persons suffering from Tuberculosis.

